

JPRS-TEP-94-006

7 March 1994



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-94-006

CONTENTS

7 March 1994

AFRICA

REGIONAL AFFAIRS

Roundup of Disease Reports for 15-18 February	1
Epidemiological Reports Monitored 24-30 January	1
Epidemiological Reports Monitored 14-20 February	2
Epidemiological Reports Monitored 21-27 February	2

GHANA

Central Region To Launch Anti-Malaria Program	3
Guinea Worm Cases Decrease 46 Percent	3

CHINA

Beijing Radio Discusses Occurrences of AIDS	4
Incidence of Epidemic Diseases Drops in Beijing	4

EAST ASIA

REGIONAL AFFAIRS

Minister Says Burma Grateful to Japan for AIDS Prevention Help	5
Higher Incidence of Thyroid Tumors in Nuclear Test Area; U.S. Criticized	5

INDONESIA

President Seeks Stepped-Up AIDS Program	6
AIDS Foundation Established	6
AIDS Statistics, Programs Reported	7
AIDS Cases Increase in Bali	7
Health Minister Reports Figures	8
Hospitals Preparing To Treat AIDS Patients	9

LAOS

Thai Doctor on Rabies, Hepatitis Situation	9
Malaria, Diarrhea Fatalities Reported	10
Khammouan Province Reports Diarrhea Deaths	11

MALAYSIA

Health Ministry Plans Anti-AIDS Campaign	11
--	----

THAILAND

AIDS Incidence in Women Grouped by Age	11
High Probability for AIDS in STD Victims	12

EAST EUROPE

BULGARIA

Outbreak of Trichinosis From Infected Pork	13
--	----

CZECH REPUBLIC

Official Discusses Funding of AIDS Prevention, Treatment	13
--	----

YUGOSLAVIA

BORBA Reports Outbreaks of Typhoid, Meningitis	13
--	----

LATIN AMERICA

REGIONAL AFFAIRS

Regional Health Report Through 11 February	14
Regional Health Report Through 18 February	15
Regional Health Report Through 25 February	15
Southern Cone Health Report Through 27 January	16

Southern Cone Health Report Through 3 February	16
Southern Cone Health Report Through 10 February	17
Southern Cone Health Report Through 16 February	17
Southern Cone Health Report Through 24 February	18
BRAZIL	
AIDS Cases Multiply Along Cocaine Routes	18
AIDS Incidence in Sao Paulo Profiled	18
April - June 1993 Sao Paulo AIDS Deaths	19
December AIDS Cases Reported; Vaccine Test Planned	20
AIDS Leading Cause of Death Among Sao Paulo Women	20
CUBA	
Hog Cholera Found in Pinar del Rio, Havana, Matanzas	21
PERU	
Ferrenafe Reports Strong Increase in Malaria Cases	21
Dengue Cases Rising, Tuberculosis Numbers Down	21
Total Cholera Cases in Country Down in 1993	22
Arequipa Records 143 Cholera Cases in 1 Week	22
NEAR EAST/SOUTH ASIA	
ALGERIA	
Details Released on AIDS, HIV Cases	23
Tizi Ouzou: Diphtheria Cases Increase	23
Typhoid Epidemic at Sour El-Ghozlane	23
IRAN	
Official Details Number, Cause of AIDS Cases in Country	23
PAKISTAN	
AIDS Numbers Said To Triple	24
CENTRAL EURASIA	
RUSSIA	
Khakassia Capital Hit by 'Extremely Dangerous' Flu Bug	25
Diphtheria Transmission by Military Recruits Denied	25
Diphtheria Control Measures in Sakhalin	25
Dangerous Imported Food Products in Irkutsk	25
Improvements Needed in Tuberculosis Screening	25
WEST EUROPE	
UNITED KINGDOM	
Problems in Hospital Administration Noted	28
Community Councils' Report	28
Independent Analysts' Report	28
Waiting Time Fines	29
INTERNATIONAL	
New Cholera Strain in Asian Countries	30
India, Bangladesh	30
Thailand, China	30

REGIONAL AFFAIRS

Roundup of Disease Reports for 15-18 February

AB2002121094

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

Ethiopia

Epidemic—One hundred and seventeen people have died of an epidemic which broke out five months ago in the Keficho Zone in the southern Ethiopia People's Regional Administration, according to the head of the zonal health department, Dr. Habtamu Argaw. He said 607 people living in 31 kebeles (neighborhoods) in six districts hit by the epidemic had been given treatment. Though efforts have been made to contain the epidemic in the zone by health workers and the zonal administration, the epidemic had proved to be uncontrollable. Financial, manpower, material and transport vehicle shortages had contributed to the failure to contain the epidemic. (Addis Ababa Voice of Ethiopia Network in Amharic 0400 GMT 15 Feb 94)

Dysentery—Eighteen people have died of dysentery in the past week alone in Asbulu town of Erer District in Region Five, according to a people's representatives there who also told the ETHIOPIAN NEWS AGENCY during the week that apart from people dying of dysentery, cattle were being forced to move out of settlements. The people faced severe problems due to lack of rainfall for the past 10 months. According to the secretary of the district administration, Mr. Isa Mohammad, more than 10,000 people face famine in Hareta, Gereffe, Hardila and another seven kebeles and that people are dying of dysentery every day. (Addis Ababa Voice of Ethiopia Network in Amharic 1700 GMT 15 Feb 94)

Kenya

AIDS—The high rate at which the acquired immune deficiency syndrome (AIDS) is spreading in Kenya may cause a major decline in population growth, the KENYAN NEWS AGENCY (KNA) reported in Nairobi on Wednesday, quoting a report. The agency cited a newly-published report on the AIDS situation in Kenya according to which fertility rate is expected to drop from 5.4 percent in 1990-93 to 4.2 percent by the year 2000 and further down to 3.5 percent by the year 2010. It also says that mortality resulting from a wide range of causes other than AIDS would decline while life expectancy would increase from about 57 years presently to 67 years by the year 2010 if there were no AIDS-related deaths. According to the report, Kenya's population would be growing at the rate of 2.5 percent per annum, by the year 2000. (Dakar PANA in English 1253 GMT 16 Feb 94)

Nigeria

Vagina festula—The vagina festula disease is in on the upsurge in different parts of the country. Latest statistics show that about 200,000 cases of the disease have been recorded nationwide. (Lagos Radio Nigeria Network in English 1800 GMT 16 Feb 94)

Uganda

Diarrhea/measles—A total of 112 Sudanese refugees in camps in north western Uganda are reported to have died of an assortment of diseases between 22 January to 11 February. A Uganda Red Cross (URC) report dated 14 February said the refugees died of diarrhoea, pneumonia, post measles, upper respiratory infections, injury, eye disease, skin disease and other minor infections. The report stated that the figures could be higher.

The report also talked of a riot by refugees around mid-January when they held four URC workers hostage for sometime before police rescued them. The Red Cross workers were held as they attempted to carry out a census to establish population of North Kochi and Gbenge camps. They also wanted to re-organise the latter as it is over crowded, the report adds. (Dakar PANA in English 0955 GMT 16 Feb 94)

Tanzania

Cholera—Eight people died in the southern Tanzania district of Mtwara following a severe outbreak of cholera last week, a senior government official said here on 14 February, reports PANA. About 50 people are reported to have contracted the killer disease and are being treated at a village health center in Mtwara District, southern Tanzania.

Cholera, which first broke out in Tanzania in 1977, has claimed more than 19,000 lives in the past 17 years, according to the Ministry of Health. The disease first broke out in villages along the Tanzania coast killing thousands of people before it was contained towards the end of 1982. However, despite government efforts to eradicate the cholera scourge, lack of drugs and poor environmental sanitation among Tanzanian villagers have contributed to the persistence of the disease. (Nairobi KNA in English 1435 GMT 14 Feb 94)

Zaire

Trypanosomiasis—In the Bandundu region, an outbreak of trypanosomiasis has been reported in the Plateau sub-region. Lack of medicine to fight the disease has resulted in hundreds of people dying everyday. (Kinshasa Voix du Zaire in French 1800 GMT 15 Feb 94)

AIDS—The major religious denominations in Zaire, namely the Catholic Church, the Church of Christ, the Kinbangist Church, the Islamic community, as well as the National Associations of Parents of Students, have embarked upon a war against the use of condoms. They consider the use of a condom as a dangerous habit and recommend abstinence from sexual intercourse before marriage. ZAIRE PRESSE AGENCY reports that the advice was given at the end of a seminar on the role of schools in the fight against AIDS. It should be noted 2 million people tested positive in Zaire between 1985 and 1991, a figure that reportedly doubled at the end of last year. (Kinshasa Voix du Zaire in French 1800 GMT 18 Feb 94)

Epidemiological Reports Monitored 24-30 January

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 24 to 30

January concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Mozambique

Cholera/Diarrhea—"Cabo Delgado Province has been affected by cholera since the last quarter of 1993. The disease which has spread to the districts of Chiure, Ancuabe, Montepuez, Palma, Metuge, and to the city of Pemba, has already killed 86 people. Hundreds of people in the province have also been affected by bloody diarrhea in the province." (Maputo Radio Mozambique Network in Portuguese 1030 26 Jan 94)

Diarrhea—"About 30 cases of diarrhea with traces of blood are reported in Inhassunje District, Zambezia Province every week. The chief district health officer says there has been an increase in such cases because the residents have been drinking untreated water. He said water wells in the district are not working because of faulty manual pumps." [Maputo Radio Mozambique Portuguese 1030 Jan 94]

Namibia

Polio—"A countrywide inoculation campaign against polio and other preventable children's diseases was launched yesterday after polio cases, originating in Angola and affecting northwestern Namibia, were reported. Since the outbreak of polio in November, 23 cases were confirmed in the Karas, Hardap, Khomas, and Omaheke districts. Five out of six confirmed cases of acute polio in the northwest originate in Angola. The last confirmed polio case in the south was reported on 1 December." (Windhoek DIE REPUBLIKEIN in Afrikaans 25 Jan 94 p 3)

Zambia

Malaria—"The Zambian National Malaria Control Center says that more than 50 percent of all deaths in Zambia are caused by malaria. The center said in a report that about 50 percent of Zambians attending hospitals and clinics have been found to have malaria, most of these being children. It said that between 30 and 60 percent of Zambians were carriers of the malaria parasite, which had flourished because of the ineffective enforcement of malaria control measures by the Zambian Ministry of Health." (Johannesburg Channel Africa Radio in English 1100 GMT 28 Jan 94)

Epidemiological Reports Monitored 14-20 February

MB2002192694

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 14-20 February concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Mozambique

Cholera—A total of 115 people died of cholera in Cabo Delgado Province in January. More than 250 cholera cases were recorded, also in January, in Chiure, Ancuabe, Metuge, Palma Districts and the city of Pemba. The Cabo Delgado provincial health director says 36 people have died of bloody diarrhea, while about 4,000 cases of bloody

diarrhea have already been diagnosed in the province. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 14 Feb 94)

Diarrhea—Diarrhea has killed 25 people in Terceiro Congresso village, in Gaza Province's Massingir District, since the beginning of this year. Health authorities say the exact number of patients cannot be determined because many do not show up at health centers to report their ailments. (Maputo Radio Mozambique Network in Portuguese 0030 GMT 17 Feb 94)

Namibia

Malaria—Malaria cases have increased in large parts of Namibia, with the number of patients treated weekly in Owambo since last year nearly doubling. Over the past month between 20-25 patients were treated weekly for malaria at Oshakati, compared to 10-15 patients the year before. In Kavango a spokesman for the hospital at Rundu described the increase as "massive," adding that there were deaths, but that figures would be released later. (Windhoek DIE REPUBLIKEIN in Afrikaans 16 Feb 94 p 2)

Zimbabwe

AIDS—"The reported cumulative total of full-blown AIDS cases in the country reached 27,905 by the end of last year but the National AIDS Coordination Programme [NACP] estimates that the actual total could be as high as 80,000 cases. Statistics compiled by NACP showed that Harare had the highest reported cumulative AIDS cases of 6,404, followed by Mashonaland East 3,318, Masvingo 3,040, Midlands 2,869, Bulawayo 2,865, and Manicaland 2,599. Nearly 60 percent of the cases were aged between 20 and 40, while 15 percent were below the age of five." (Harare THE HERALD in English 7 Feb 94 p 1)

Epidemiological Reports Monitored 21-27 February

MB2702191294

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 21 to 27 February concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

Angola

Tuberculosis—"Tuberculosis is increasing at an alarming rate in Cuito. About 180 cases of the disease were recorded in the area between January and 20 February. Statistic figures issued yesterday by the Cuito Hospital laboratory state that the increase in the number of tuberculosis cases is due to the poor food conditions faced by the residents. In the same period, 143 malaria cases were diagnosed, caused by the proliferation of mosquitoes which transmit the disease, resulting in a high number of deaths." (Luanda TPA Television Network in Portuguese 1930 GMT 22 Feb 94)

Mozambique

Malaria—"More than 220 people died of malaria in Inhambane Province in 1993, according to sources at the provincial health directorate. They added that the outbreak of the disease is due to rains which over the past few days have been falling regularly in that area, contributing

to the proliferation of mosquitoes." (Maputo NOTICIAS in Portuguese 18 Feb 94 p 1)

Malaria—"Ten thousand cases of malaria were reported in South Africa last year, the most since 1976. This has been disclosed in Durban by Dr. Brian Sharp of the Medical Research Council, who said that the increase was due to the growing resistance of the disease to anti-malarial drugs. The country's high-risk regions, he said, were Northern Natal and the Northern and Eastern Transvaal." (Johannesburg Radio South Africa Network in English 1100 GMT 25 Feb 94)

Diarrhea—"Diarrhea has killed at least 15 people in the administrative area of (Nihana), in Nampula Province's Mecuburi District, between 13 and 20 February. The administrator for Mecuburi District disclosed that an epidemic of diarrhea has broken out in the area." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 26 Feb 94)

Swaziland

AIDS—Minister of Health Derek von Wissel told nurses to prepare to cope with a flood of AIDS patients during the next two years. Mr. von Wissel said it has been projected that about 10,000 people in Swaziland will die of AIDS during that time. Speaking to graduating nurses, Mr. von Wissel said a survey had shown that in Swaziland one in every five people had the virus. He said the impending crisis would present hospitals with complex problems and will be making big demands on the Swazi medical profession. (Johannesburg Channel Africa Radio in English 1600 GMT 25 Feb 94)

GHANA

Central Region To Launch Anti-Malaria Program

94WE0051A Accra *PEOPLE'S DAILY GRAPHIC*
in English 3 Sep 93 p 16

[Article by Kojo Sam]

[Text] A programme to reduce the incidence of malaria to a level that will make it cease to be a public hazard is to be launched in the Central Region before the end of the year.

The immediate objectives of the control programme, among others include the reduction and prevention of mortality and foetal wastage in pregnant woman by 70 percent, mortality in infants and children by 60 percent, morbidity due to malaria in pregnant women, infants and school children by 60 percent, all in five years.

For the same period of five years, the control programme is expected to reduce fatality rate due to malaria by 80 percent in all health institutions in the Central Region and to reduce malaria transmission by 50 percent.

According to the Malaria Action Plan for the Central Region 1993-1997, a copy of which is available to the GRAPHIC, the campaign will make anti-malaria drugs available and affordable to the general population and promote their rational use.

The programme will also ensure proper treatment of pregnant women as early as possible and make early diagnoses, prompt and adequate treatment of malaria cases at all health centres.

"The control programme shall increase the awareness of the general population about the risk of malaria so as to promote community participation in malaria control activities in the context of Primary Health Care (PHC)," states the action plan.

As part of the programme, the use of impregnated bed nets will be introduced to all second cycle boarding institutions in the region in 1994. The first phase of the programme will last for five years and the second segment will start after the first phase.

The control activities will start in all the 12 districts of the region simultaneously and each district will have an inter-sectoral committee to supervise the control programme.

The action plan prepared by Dr. Richard Y. Osei, Regional Director of Medical Services, therefore, expressed the hope that all communities will co-operate with the eradication team to achieve success.

In 1992, Cape Coast District recorded the highest malaria cases of 24,484 patients representing 23.10 percent of the total regional recording of 102,025 malaria cases. Awutu-Effutu-Senya district recorded the least cases of 3,010 or 2.1 percent of the regional recording.

Guinea Worm Cases Decrease 46 Percent

94WE0051B Accra *PEOPLE'S DAILY GRAPHIC*
in English 21 Aug 93 p 16

[Article by Kojo Sam]

[Text] Guinea worm cases in the country reduced by 46 percent between January and June, this year, as compared to 35 percent reduction recorded for the same period in 1992.

During the first half of this year, a total of 13,966 guinea worm cases were reported throughout the country compared to 25,966 cases reported during the same period last year.

This is contained in the July 1993 report of Global 2000 Guinea Worm Project, a copy of which was made available to the GRAPHIC at Saltpond on Thursday after a workshop for 35 guinea-worm eradication volunteers.

The report noted that with the possible exception of the Northern Region, the number of infested villages is sufficiently small enough that a monthly visit by the coordinators to each endemic village would ensure the adoption of preventive measures.

A supplementary report on the Central Region signed by Dr. Richard Yaw Osei, Regional Director of Health Services also stated that the region achieved 100 percent filter distribution to about 42,000 households in December last year. It stated a survey carried out in January this year indicated that 80 percent of the population actually used the monofilterment filters but 20 percent were worn out due to vigorous washing.

It said 120 endemic communities have been supplied with potable water since 1989 while about 130 endemic communities have been earmarked for potable water by the end of 1993.

Beijing Radio Discusses Occurrences of AIDS

OW2701132694 Beijing China Radio International
in English to Western North America
0400 GMT 24 Jan 94

[From the "Listeners's Letterbox" program]

[Excerpts] [Passage omitted] The first HIV-infection case in China was reported in 1985 in the country's eastern province of Zhejiang. Four children who had hemophilia contracted the HIV virus because of contaminated blood used in transfusions. The blood plasma was imported from abroad. The Chinese Government banned the import of plasma immediately after that case. Additional HIV infections were found among intravenous drug users in the southern border province of Yunnan in 1989. Since then, China has identified more than 1,150 cases of HIV carriers, and 19 people have become afflicted with full-blown AIDS. At present, 85 percent of those infected with the AIDS virus in China are intravenous drug users. The border area with Laos, Vietnam, and Cambodia is the most infected area because of its long history of opium trade and drug abuse. This area is still backward economically and far from urban areas. Transportation is limited. Radio and television sets, which can be used to warn people about the dangers of contracting AIDS, are rare, and medical service is not always available. In addition, cultural habits are responsible for some of the infections, as the local Dai and Jingpo ethnic groups believe opium is a cure for headache and diarrhea.

Planting and processing opium is banned by the government, but it is difficult for the small police force in the area to eliminate the illegal practice when the villagers plant opium in very small fields in the dense forests. Another problem is the shortage of needles, forcing many of the drug users to share needles. This causes the disease to spread even faster.

The Chinese Government has set up a clinic in Yunnan to monitor AIDS cases and educate the public about the dangers. But getting the information out is very difficult. Zhu Wei is working as a researcher with the AIDS surveillance center under the China Academy of Preventive Medicine. He has worked with the local teams in Yunnan Province.

[Begin recording; Zhu Wei is briefly heard, speaking in Mandarin, fading into English translation] The local people know little about disease that is threatening their lives. When talking with them, we need interpreters in Dai and Jingpo languages, because these people do not speak Mandarin, and most of them do not know how to read and write. The only thing they care about seems to be drugs. Every year the AIDS surveillance center sends a number of researchers to Yunnan to help with the local work and get firsthand information. I went to Yunnan last year. A lot of

local medical workers who know the languages and have knowledge of AIDS went to every family with us, explaining the fatal disease to them. We put up a poster warning about the danger of AIDS in the villages. We paid special attention to the families that already had AIDS patients or HIV carriers. We talked to the family members on how to protect themselves from being affected. And now and then, the local medical workers visit these families to see how things go on. [end recording]

Though drug users make up the majority of AIDS victims in China, they are not the most dangerous factors of the spreading of AIDS in the country. Medical experts say the most dangerous factor is promiscuous sexual activity. For more than three decades after the founding of the PRC, Chinese successfully protected themselves against venereal diseases. However, while the opening and reform programs that began in the 1980's have brought prosperity to the country, they have also caused dramatic changes in people's ideas about morality and sex. Cases of prostitution are increasingly rapidly every year. The number of people who have sexual partners outside marriage is increasing, and sexual activity among young people and teenagers is now occurring much earlier. The number of venereal disease cases has increased dramatically. In 1991, sexually transmission accounted for 10 percent of the total number of HIV cases. In 1992 it was 20 percent. The rate is still growing.

Incidence of Epidemic Diseases Drops in Beijing

OW2801020194 Beijing XINHUA in English
0143 GMT 28 Jan 94

[Text] Beijing, January 28 (XINHUA)—The incidence of epidemic diseases decreased steadily in 1993 in the capital city of Beijing.

Sources disclosed that in 1993 reported cases of contagious hepatitis A and B fell by 7.39 percent from that of 1992 and the spread of viral hepatitis remained low.

The hepatitis B vaccination rate went up during the year, to reach 92.80 percent among newborn babies. The hepatitis B surface antigen (hbsag) carrying rate was reduced to 0.41 percent, 87.94 percent down from that over the period 1988-1990.

By July 1, 1993, no case of infantile paralysis caused by wild strains had been discovered.

The number of patients suffering from tuberculosis fell 7.17 percent compared to 1992.

According to local officials, last year Beijing invested two million yuan to buy advanced equipment for epidemic prevention stations in districts or towns. A computer network has also been employed to enable quick reactions to epidemic diseases.

REGIONAL AFFAIRS

Minister Says Burma Grateful to Japan for AIDS Prevention Help

OW2910113593 Tokyo KYODO in English
0958 GMT 29 Oct 93

[Text] Tokyo, Oct. 29 KYODO—Myanmar's [Burma's] health minister on Friday [29 October] appreciated assistance from the Japanese private sector in combating the nation's growing AIDS problem, while noting the absence of official aid, Japanese Government officials said.

Rear Adm. Than Nyunt, who arrived Tuesday on a four-day unofficial visit, broached Myanmar's AIDS situation in a brief session of talks with Health and Welfare Minister Keigo Ouchi, the officials said.

Than Nyunt told Ouchi that Myanmar is grateful for AIDS-testing devices donated by the private Japanese Foundation for AIDS Prevention.

The devices were donated last April during a visit to Myanmar by foundation leader Tatsuo Ozawa, a Shinseito member of the House of Representatives.

Than Nyunt said until Japan's 1988 suspension of official aid to Myanmar, the country received substantial medical assistance from Tokyo. Japan suspended aid along with many other countries after Myanmar's military suppression on a democracy movement.

Ouchi was quoted as saying Japan is very concerned about the AIDS problem in southeast Asia from a humanitarian point of view. But he did not offer any concrete support for Myanmar's AIDS prevention program, they said.

A recent World Health Organization interim report said that by last June, Myanmar had only reported 47 AIDS cases. But Japanese officials said the actual situation is no doubt considerably worse.

Than Nyunt, who is also chief of staff of the Myanmar Navy, is visiting Japan on his way home from a meeting of the United Nations Children's Fund in Mexico City.

Higher Incidence of Thyroid Tumors in Nuclear Test Area; U.S. Criticized

BK2501041894 Hong Kong AFP in English
0416 GMT 25 Jan 94

[Text] Majuro, Jan 25 (AFP)—Top Marshall Islands government officials have criticised what they say is the failure of the United States to release information about the effects of its nuclear test program here.

Officials said they believed the lack of data had led to inadequate compensation being paid to Marshall Islanders.

In the wake of US Department of Energy (DOE) admissions that US citizens were used as unwitting guinea pigs for nuclear experiments, Foreign Minister Tom Kijiner said Monday that the United States had failed to release full information about its nuclear test program in the Marshalls.

His comments followed a recent medical study confirming that the Marshalls had a rate of thyroid tumours dramatically higher than in other parts of the world.

The study indicated health problems were not confined to the atolls of Rongelap, Utirik, Bikini and Enewetak, which the United States said were the only radiation-exposed areas in the Marshalls.

During the early 1980's, Marshall Islands negotiators sought detailed information about the 66 announced nuclear tests, Kijiner said in an interview.

"But US officials told us there was no further information to provide to us," he said, adding that the US statements had proved to be false.

"The United States wasn't fair to the Marshall Islands during the negotiations (of a treaty known as the Compact of Free Association between the two nations)."

Last month, the DOE released previously classified information about the size of a majority of its nuclear tests in the Marshalls, information Kijiner said the Marshalls first requested more than a year ago.

The foreign minister said the United States released only selected information during the negotiations on the Compact of Free Association so that nuclear compensation would be minimised.

Marshall Islanders had brought lawsuits in US courts seeking about five billion US dollars in compensation for damages from the nuclear tests.

The United States provided a 150 million dollar trust fund to yield about 270 million dollars over 15 years in the compact that was negotiated in the late 1970s and early 1980s.

Marshalls Washington ambassador, Wilfred Kendall, said here that the matter of US compensation "needs to be revisited."

He concurred with Kijiner, saying that "all the details (about the nuclear tests) were not on the table during the negotiations."

Their contention is supported by a leading US congressman, California Democrat George Miller who is chairman of the House Committee on Natural Resources.

In a letter to US President Bill Clinton earlier this month, Miller wrote: "This committee has long been concerned that the entire story of the testing done in the Marshalls Islands has not yet been told and that the health and well-being of a significant number of Marshallese may depend on a look at all the facts."

Miller said some Rongelap islanders, who were engulfed in a cloud of radiation from a 1954 hydrogen bomb test at Bikini, have charged that they were used as guinea pigs to further US understanding of the effects of radiation.

"In the light of the recent disclosures regarding actual radiation experimentation in the United States during this period, that possibility cannot be ignored," he wrote.

He called on the Clinton administration to declassify information on the nuclear test program in the Marshalls.

INDONESIA

President Seeks Stepped-Up AIDS Program

94WE0176A Jakarta ANGKATAN BERSENJATA
in Indonesian 21 Jan 94 pp 1, 10

[Text] Jakarta, ANGKATAN BERSENJATA—President Suharto hopes that protection programs against AIDS will be increased in view of the fact that the number of persons suffering from the disease is increasing.

According to Azwar Anas, coordinating minister for the people's welfare who spoke after he was received by President Suharto on 20 January at Istana Merdeka [Freedom Palace], the number of persons suffering from AIDS in Indonesia is 194 at present. Sixty-four persons suffer from AIDS in metropolitan Jakarta, 22 in Bali, 54 in Irian Jaya, 22 in East Java, 14 in Riau, five in West Java, and one each in West Sumatra and West Kalimantan.

In this connection the cabinet ministers concerned are actively promoting preventive measures, one of which is teaching the community healthy sexual practices. Minister Azwar Anas added: "We know that AIDS is spread in particular by sexual relations with persons of the same sex, rather than with the opposite sex. The symptoms only appear after one year, and there are positive indications after five years."

Azwar Anas said that, previously, protective measures against AIDS were handled only by the minister of tourism, posts, and telecommunications and the minister of health. Now all ministers are working on this matter with the coordinating minister for the people's welfare.

In addition to reporting on the AIDS question Minister Azwar Anas also reported on the matter of stocks of iodized salt. In view of the fact that the Indonesian people prefer to use technical or raw salt, it is feared that they will suffer a decline in IQ [Intelligence Quotient].

There are two kinds of salt. There is technical or raw salt which is used, among other things, for fishing purposes and so forth, and there is salt for human consumption. Clearly, the people prefer to use raw or technical salt, the price of which is cheaper at 35 rupiahs per kilogram. However, many people are not aware that their average IQ will decline as a result of using technical or raw salt.

In this connection, the president expressed hoped that iodized salt will be used more widely by the people.

Minister Azwar Anas said that at the present time the government is making a national survey to be used in preparing a Presidential Instruction on the Most Disadvantaged Villages (IDT). Individual families in the survey will be listed under five classifications: Low Welfare, Welfare 1, Welfare 2, Welfare 3, and Welfare 3+.

The classification of "Low Welfare" means a family that lives in a home which is inadequate in four ways: food, shelter, clothing, and health.

"Welfare 1" means a family that is adequately provided for in the above four categories, but that is unable to pay for education costs. "Welfare 3+" means a family that is adequately provided for in all of the above categories and

whose members are able to help others, such as by contributing goods, giving alms, and so forth.

It is hoped that all of this data will have been collected by April 1994, so that action can be taken to improve the situation in the most disadvantaged villages.

Minister Azwar Anas also reported to the president on preparations for the Social Development Summit Conference. Indonesia has been designated deputy chairman of the conference by the United Nations to represent the countries of Southeast Asia. The summit conference will be preceded by three meetings at lower levels. There is a possibility that President Suharto will attend the meeting in Copenhagen, that is, when the summit conference is held.

The minister also reported on the floods which are currently affecting some areas of Indonesia. The office of the coordinating minister for the people's welfare has 2.0 billion rupiahs available to help victims of the present floods, for example in Flores, West Java, and West Sumatra.

AIDS Foundation Established

94WE0017A Jakarta KOMPAS in Indonesian 6 Sep 93 p 6

[Text] The smooth faces of spokespersons at a press conference held Saturday afternoon of last week suddenly put on a sour smile when a reporter asked, "Do the founders of the Indonesian AIDS Foundation have any close friends or relatives who are HIV positive and is that why they were really interested in establishing a foundation which has the difficult task of encouraging social self-help in the battle against AIDS, providing public information about AIDS and battling the consequences of the spread of AIDS which has already taken place in Indonesia?"

The reporters who were present on the eighteenth floor of a tall building on Sudirman Street in Jakarta that evening were introduced to a recently-established foundation set up by a notarial instrument dated 17 August 1993: the Indonesian AIDS Foundation. Speaking as spokespersons and as the founders of the foundation were former Minister of Health Adhyatma, businesswoman Martina Widjaja and notary public Kartini Muljadi.

The question was posed because there is something that bothers people: Why is it so hard to connect the battle against AIDS with the professions of some of the people who are listed as directors of the foundation. They are former State Minister for Population and the Environment Emil Salim, former Chairman of the Money Market Supervisory Board Marzuki Usman, notary public Kartini Muljadi, businesswoman Martina Widjaja, who is chairman of the foundation, Juniarti Alatas, and Darwina Pontjo Sutowo. Fortunately, Martina, the chairman, answered the question with a friendly smile, "AIDS is now a problem for all of us, a national problem, a world problem, so it's only natural that everyone is concerned."

Those words were also echoed by Adhyatma's statement. As the former Minister of Health supervising the Chairman of the Indonesian AIDS Committee, which has its headquarters in the Department of Health, Adhyatma said that AIDS can be viewed as a problem for us all

because the AIDS pandemic is causing an extraordinary decrease in productivity in Indonesia. Pandemic? "Yes, because it is estimated that there are now 20,000 people in Indonesia who have been infected by the HIV virus," said Adhyatma, adding that official government figures are 150 people as of July 1993. With an economic cost of 33 million Rupiah per year per AIDS case—20,000 cases means a national cost of 660 billion Rupiah per year—it is clear that the AIDS pandemic is a national problem.

Half a Billion

All right, this foundation has been established with an initial funding of 500 million Rupiah. According to the foundation's statutes, future funding for the foundation's routine programs will come from public contributions and from efforts to provide additional funding. "You don't have to worry about our ability to raise funds. Many people in the foundation are quite experienced at this," Martina told reporters.

It was not explained how the funds would be used for the foundation's four main programs: Intensive public information on the battle against AIDS will be given to employees of corporations and to young peoples' groups; training for information management; establishing an AIDS Communication Center to receive and channel relevant and accurate information about AIDS to the public; and organizing a Policy Study to make a success of the recommendations for the battle against AIDS. At Saturday's press conference there was no explanation, for example, of whether the Indonesian AIDS Foundation would take financial responsibility for training or whether the trainees would pay the foundation. What was clear was that according to the foundation's statutes this is a non-profit foundation.

Open to the Public

With the creation of the Indonesian AIDS Foundation, Jakarta now has an additional way of giving information about AIDS since Cipto Mangunkusumo Hospital and the University of Indonesia Medical School last February dedicated an AIDS Information Center, which has 24-hour automated telephone service at (021) 3903838 (twelve lines) and which provides information about AIDS in Indonesian, English and Japanese.

The Indonesian AIDS Foundation can be reached at Gedung PS I, Third Floor, Let. Gen. S. Parman St., Lot 78, Slipi, Jakarta 11410, telephone (021) 5495313.

The Foundation's Development Committee consists of Chairman Kartini Muljadi, Deputy Chairman Martina Widjaja and members Dr. Ibnu Sutowo, Emil Salim, Dr. Adhyatma, Juniarti Alatas, Jakob Oetama, Marzuki Usman, Sarlito Wirawan, Kartono Mohamad, Dr. Lukas Hendrata, Hartati Tjakra Murdaya, Mawarwati Djama-loeddin and Darwina Pontjo Sutowo. From 1993 to 1995 the Indonesian AIDS Foundation will be directed by Chairman Martina Widjaja, First Deputy Chairman Dr. Kartono Mohamad, Second Deputy Chairman Darwina Pontjo Utomo, Executive Director Pooroe Utomo and the following members: Mawarwati Djama-loeddin and Sarlito Wirawan.

AIDS Statistics, Programs Reported

AIDS Cases Increase in Bali

94WD0150B Jakarta KOMPAS in Indonesian 3 Dec 93 p 8

[Text] Den Pasar, KOMPAS—During the past two months the total number of persons suffering from AIDS in Bali has increased by two, from 23 as of 15 September to 25 as of 30 November. Meanwhile, the total number of persons suffering from AIDS on a national basis has risen to 185 individuals in 12 provinces, since the first HIV case was discovered in West Kalimantan Province.

Dr. Tuti Parwati Merati, chairperson of the AIDS Working and Research Group at the Faculty of Medicine of Udayana University in Den Pasar, is treating a person in Den Pasar who has recently been discovered to be infected with the HIV virus. The person concerned came directly to her clinic and asked for a blood test. Later, after "Elisa" and "Western Blot" tests were performed, it was learned that the person concerned was infected with the HIV virus. The person concerned, who is in the tourism business and is 26 years old, had himself tested because he became aware that his behavior involved the risk of infection.

Doctor Tuti said on 2 December: "The person concerned took the initiative to have himself examined after obtaining information through the mass media. Later on, he came to my clinic to ask for a blood test. It turned out that he was HIV-positive."

Positive

Regarding the participation of a number of groups, including ulama [Muslim religious teachers], businessmen, and officials from a number of government services, in programs concerned with handling AIDS, such as the seminar held in Jakarta on the commemoration of World AIDS Day on 1 December, Doctor Tuti thought that this was a positive sign. This is because this disease is not just the responsibility of the Department of Health. Neither is it possible for the matter to be resolved through the media alone, because there is a close connection with sexual behavior.

According to Dr. Tuti Parwati, who is also chairperson of the Indonesian Business Image Foundation [YCUI] and is active in the field of handling AIDS, the involvement of businessmen in this area is very much needed. For example, in helping to provide funds to support community information activity. The same thing is true with businessmen in the tourism field in particular. They can provide warnings of the danger of AIDS to their hotel guests.

A similar view was expressed by Dr. A.A. Gde Muninjaya, MPH [master's degree in public health], chairman of the Epidemiological Research and Training Unit of Udayana University. He said, for example, that the involvement of the Department of Manpower in handling AIDS is intended, among other things, to provide security and protection to workers known to be infected with the AIDS virus. Those who suffer from AIDS can be protected from being dismissed from their jobs or from being quarantined. Doctor Muninjaya said: "As long as those suffering from AIDS are not quarantined, as happens in Western countries, we must take action quickly to protect them."

Regarding activities to celebrate World AIDS Day in 1993, Dr. Tuti Parwati said that, in cooperation with a number of senior high schools and the Student Senate of the Faculty of Medicine at Udayana University, the YCUI sponsored the "World AIDS Day Walkathon" at the end of November 1993. After that a discussion was held with students at senior high schools concerning the danger of AIDS and related problems facing us.

According to Doctor Tuti, the AIDS problem cannot be handled by only one or two events each year. Rather, it must be handled on a continuing basis. The information efforts undertaken by the YCUI up to the present have included the formation of discussion groups, at which persons suffering from AIDS talk about their feelings and the problems which they face. One of them, who has previously been provided with a variety of information, acts as the chairman of the meeting.

Doctor Tuti said that the attitude of persons suffering from AIDS who have received this training has been very positive.

Health Minister Reports Figures

94WD0150A Jakarta KOMPAS in Indonesian 8 Dec 93 p 8

[Text] According to data from the Department of Health up to and including 6 December 1993, 187 persons are recorded as suffering from AIDS in Indonesia. This is an increase of 12 persons, compared with the total at the end of October 1993, when 175 persons were listed by the Department of Health as suffering from the disease. Of the 187 persons suffering from AIDS 43 have full-blown AIDS and 25 have died. The remaining 18 are still alive.

Meanwhile, according to data from WHO [World Health Organization], the total number diagnosed as being HIV-positive throughout Indonesia is between 20,000 and 30,000.

Minister of Health Sujudi made this statement in testimony before Committee VIII of Parliament in Jakarta on 7 December. He added that the most serious aspect of these figures in Indonesia is that the numbers tend to increase exponentially. According to him, the figure of those suffering from AIDS has doubled over the past two years and tripled over the past year.

He also reported that his ministry has estimated that it will spend 5.0 billion rupiahs on the care of AIDS victims during fiscal year 1994/1995. This money will be used for screening blood donors, research, distributing information, laboratory equipment, training health workers, and counseling services.

In answer to a question from a member of the committee about the very surprising difference between the figures from the Department of Health and WHO on AIDS victims, the minister of health said that the WHO figure of 20,000 to 30,000 was arrived at by using several models ranging from the simplest to the most complex. Meanwhile, the minister of health said that the figure of 187 is the total actually reported to the Department of Health. The Department itself makes predictions based on how sexually transmitted disease has spread in Indonesia. These predictions are calculated by extrapolating statistics. Sujudi continued that by using this kind of calculation the

figures obtained by WHO and those of the Department are not very far apart: about 20,000 persons suffer from AIDS.

Sujudi said that to deal with AIDS, the government has formed the National Committee for Handling AIDS, chaired by the coordinating minister for the people's welfare. This committee has developed a policy for handling AIDS on a national basis. Sujudi said: "In the near future it is hoped that a Presidential Decision Memorandum will be issued to deal with AIDS."

In answer to a question from a member of the committee concerning the amount of counterfeit medicine available the minister of health said that the punishment handed out to producers and traffickers in counterfeit medicine is still too light. The fines collected until now, based on an ordinance covering medicine containing alcohol, amount to 5,000 guilders for each case. This is considered to be the equivalent of 5,000 rupiahs.

However, he continued, with the enactment of Law No. 23 of 1992 on health matters, it is hoped that producers and traffickers of counterfeit medicine will be discouraged from engaging in this kind of activity. This law provides for a sentence of up to 15 years in jail and a fine of up to 300 million rupiahs.

Sujudi said that another problem encountered by the department in dealing with counterfeit medicine is that frequently cases brought to court are not actually tried. Therefore, the department has asked its officials in the provinces to raise these cases with the mass media.

Sujudi said: "This effort is intended to exercise a more definite social and indirect control on the production and distribution of counterfeit medicine. In this way it is hoped that there will be no more cases involving the production and distribution of counterfeit medicine which are not prosecuted."

According to Sujudi, the efforts being made by the Department of Health to speed up a more even distribution of medical doctors throughout the country involve PTT assignments [the appointment of personnel on a temporary basis]. Since February 1992, 3,988 medical doctors, divided into four groups, have been given temporary appointments to the government health service. Some 2,135 doctors have been assigned to ordinarily settled areas, 1,185 of them have been assigned to isolated areas, and 668 have been assigned to very isolated areas. These employees have been hired on a temporary basis, in anticipation of the possibility that the number of permanent state employees being trained will be reduced to "zero" in the course of 1995.

The appointment of temporary employees will later be applied to other workers in the health sector, including dentists, pharmacists, and midwives assigned to the villages. Their assignments will be carefully coordinated with the needs of the provinces where they will work. It is planned that during fiscal year 1994/1995 2,200 medical doctors, 600 dentists, 300 pharmacists, and 11,000 midwives will be assigned to villages. Funds for the construction of housing, amounting to more than 5.0 million rupiahs per employee, will be provided on a special basis for village midwives, in addition to other costs and transportation facilities such as bicycles.

Hospitals Preparing To Treat AIDS Patients

94WE0173A Jakarta EDITOR in Indonesian
20 Jan 94 p 35

[Text] AIDS victims are expected to be more numerous in Indonesia next year. It is estimated that about 20,000 people are now infected with HIV [human immunodeficiency virus], the virus that causes AIDS. About 6 percent, or about 1,200 people, of those infected are expected to develop AIDS (a disease that weakens the body's immune system). Those who show symptoms of AIDS require treatment, like it or not.

Data so far gathered by the Department of Health show that at the end of last year there were 177 HIV victims, a figure that rapidly increased to 187. "Clinically, only about 40 of that number are actually suffering from AIDS," said Dr. Broto Wasisto, M.D., M.P.H. [Master of Public Health], director general of medical services of the Department of Health. In view of this phenomenon, class A and B hospitals throughout Indonesia must be prepared to treat them. "The Department of Health has distributed to all hospitals books with instructions on how to care for AIDS victims," he declared.

Not all hospitals are able to do this yet. In a panel discussion at RSCM [Cipto Mangunkusumo Hospital] last year on improving capabilities for managing AIDS cases at hospitals throughout Jakarta, it was learned that hospitals are generally ready. "The problem, however, is that their perception of treating AIDS is not yet the same," said Dr. Samsuridjal Djauzi, an internist who also handles AIDS at the RSCM.

A discussion panel participant from PELNI [Indonesian National Maritime Company] Hospital admitted, "We feel awkward explaining AIDS to a patient or the patient's family." Thus, procedures for the counseling of patients are clearly important, and not only from the medical aspect. "They are often stressed and afraid and still consider AIDS a stigma or something unusual," Samsuridjal said.

Dr. Lukas Mangindaan, a psychiatrist who provides AIDS counseling at RSCM, said that counseling is necessary in order to find out how much the patient and the patient's family know about HIV. "Discussion of sexual matters must be done in a way that does not embarrass or offend the patient. Questions about sex need to have a special place in AIDS consultation, because most transmission of HIV occurs through sexual relations," Lukas said.

At RSCM, patients infected with HIV, and especially AIDS, are treated immediately without the patient being put to the trouble of administrative procedures and questions of advance payment. In fact, RSCM also gives basic medicines without charge. These include antibiotics and lifesaving medicines of an emergency nature, such as infusions.

The upgrading of hospital facilities to treat AIDS patients is actually not a difficult matter. Of course, additional cost, such as for procuring gloves, will be incurred to prevent spread of the disease. The use of gloves, however, is not just for AIDS, because there should be safety measures to prevent the spread of disease between doctors/staff and

patients and among patients. For that reason, doctors, nurses, and cleaning staff must use gloves.

It is clear that doctors, nurses, laboratories, administrative staff, and cleaning personnel must be prepared for treating AIDS patients. Samsuridjal described RSCM's experience. When an AIDS case was diagnosed, links had already been established with the clinical laboratory and clinical pathologist so that when a specimen was taken from the patient, it was immediately dealt with safely. In addition, within the AIDS treatment team a doctor must be appointed to be responsible. When that is not done, sometimes not even one doctor examines a patient.

"The important thing is the willingness of doctors and hospitals to treat AIDS patients," said Samsuridjal. There have been hospitals that for lack of experience have been unwilling to treat patients and have sent them to RSCM. "That should not happen," said Dr. Kartono Muhammad, general chairman of the IDI [Indonesia Physicians Association]. Besides RSCM, other hospitals in Jakarta are able to treat AIDS victims. They include MMC [expansion not given] Hospital, PERTAMINA [National Oil and Natural Gas Company] Hospital, Kramat Hospital, Mitra Keluarga Hospital, and St. Carolus Hospital.

According to Broto Wasisto, for the treatment of AIDS the focus is generally on class A and B hospitals, which have specialist doctors and complete facilities. Many nurses from class A and B hospitals have been sent overseas to learn how to care for AIDS patients. "Two years ago Indonesia sent nurses to Australia, the United States, and Thailand," Broto said.

According to Samsuridjal, AIDS has attacked not only residents of big cities but people from small cities, too. He recommended, therefore, that class C hospitals—which normally are in the provinces—also be prepared. Broto said there are two steps that class C hospitals must take if they receive AIDS patients: Send them to class A or B hospitals, or bring in specialists from class A or B hospitals. This is called a referral system, whether from above or from below, depending on the situation.

LAOS

Thai Doctor on Rabies, Hepatitis Situation

94WE0072A Bangkok LAK THAI in Thai
16-22 Oct 93 p 42

[Article by Dr. Prasert Thongcharuen, MD]

[Excerpts] On 17 September, I was invited by the Public Health and Epidemiology Institute, Ministry of Public Health, Laos, to participate in a seminar on rabies and hepatitis B. Attending the seminar on behalf of Laos was Dr. Somthana Tuangmala, the director of that institute. I would like to tell you about the rabies situation in Laos.

The opening ceremony was held at 0815. Dr. Khemphet, the head of the Central Office, Ministry of Public Health, whose position is equivalent to that of a Thai under secretary, officially opened the seminar. A total of 186 people, including doctors and public health officials from Vientiane Province and other provinces, attended the seminar. [passage omitted]

Laos now has a population of 4.2 million people. The number of reported rabies cases is much lower than the actual number. In 1988, 90 animals were tested for rabies, and 83, or 93 percent, tested positive for rabies. In 1989, 96 animals were tested, and 89, or 93 percent, tested positive. In 1990, 1991, and 1992, 107, 112, and 144 animals were tested respectively and more than 90 percent of the animals tested positive each of those years.

Most of the animals tested were dogs. This means that just as in Thailand, in Laos dogs are the main carriers of rabies. In 1989, a total of 273 people were bitten by a dog and given rabies vaccinations. In 1992, the number rose to 782 people, and in the first eight months of this year, 557 people have received rabies vaccinations after being bitten by a dog.

What is worrisome is that Laos has always used a vaccine produced from animal brain tissue. This vaccine is similar to that produced by the Saowapha Institute and the Government Pharmaceutical Organization here in Thailand. Laos does not produce this vaccine itself. It was obtained from the Soviet Union, its old mentor. But now, its old mentor is collapsing and so Laos does not have any of this vaccine.

But there is a new vaccine that is produced from cell cultures that is sold at government drug stores. And some people cross the river to Thailand to buy vaccine at drug stores in Nong Khai Province. They pack it in bottles and take it back to Laos. There is also a duck embryo vaccine produced by Switzerland. I was told that patrol vehicles provide vaccination services.

As for preventing and controlling this disease, the [Lao] Department of Livestock Development and Animal Husbandry, which is similar to our department, is responsible for handling things. It vaccinates dogs. But very few dogs are actually receiving rabies vaccinations. In 1988, a total of 2,800 dogs were vaccinated, in 1989, 2,300 were vaccinated, in 1990, 3,650 were vaccinated, in 1991, 4,520 were vaccinated, and in 1992, 7,230 were vaccinated.

What Laos must do in order to prevent and control this disease is to conduct more studies on this disease and obtain anti-rabies vaccine for both people and animals so that there is always a supply on hand, particularly vaccine produced by cell cultures, which is rather expensive. The rabies monitoring and reporting system must be improved, and the capabilities of the laboratories in the cities and provinces must be improved. The laws concerned must be implemented strictly, and an effort must be made to get neighboring countries (meaning Thailand) and international organizations to provide technical help in order to obtain the technical support and equipment needed.

At the seminar, I discussed the broad epidemiology situation regarding rabies in various countries in the world and described the symptoms of this disease. I told them about the various vaccines available and the recommendations made by the World Health Organization in giving vaccinations. I also told them about my own personal experiences, because I have been involved with this disease since 1962. And I am still involved in this.

As for hepatitis B, I told those at the seminar that there are several types of hepatitis, including hepatitis A, B, C, D,

and E. These are interesting, because they are encountered frequently, with the most common types being hepatitis A and B. I discussed the symptoms, secondary infections, and the treatment and prevention of this disease using vaccines. There are now vaccines to control both hepatitis A and B. In Laos, few people are given vaccinations to prevent hepatitis B. This is because doctors and other medical personnel do not have much knowledge about this disease, and the vaccine is still very expensive (one dose costs 9,000 kip). I told them that Thailand is now inoculating about 1 million infants a year free of charge. Dr. Somthana said that Laos will have to find a way to obtain help from international organizations in studying hepatitis B. After I ended my talk on giving preventive vaccinations, many people asked me questions about this.

Dr. Rattanapon, the head of one of the examination laboratories, was one of those who was very interested in this. He asked me to provide him with documents concerning the various strains of hepatitis, because Laos lacks such documents. I told him that we do not live very far away and that if he wants anything, all he has to do is ask and I will send it to him.

I will stop here for today.

Malaria, Diarrhea Fatalities Reported

94WE0061A Vientiane KONGTHAP PASASON LAO
in Lao 1 Sep 93 p 1

[Unattributed report: "Domestic News Summary"]

[Excerpt] Malaria: It has been reported that of 1,224 people in Sekong Province receiving blood tests 137 were found to have malaria while 51 were found to have leprosy. In Laman District and Kaleum District there were 19 [with malaria] out of 1,112 examined. Those with malaria were not involved with any of the local medical organizations, and this allowed the disease to spread. It was also reported that in Houa Phan Province 128 out of 665 tested were found to have malaria. The numbers for those being examined and receiving care indicated that the percentage of those receiving care had dropped to 88.28 percent of the total with the disease. The report also stated that in Namou District and Khai District of Oudomsai Province 173 were found to have malaria out of 838 who had blood tests.

Diarrhea: A source in Savannakhet Province reported that in August there were diarrhea outbreaks in Ban Khok Neua Village and Ban Khok Ta Village of Sibounheuang Canton and Ban Dong Noi Village of Outhoumphon District, and five died as a result. At present the disease is still spreading. It was also reported that at the beginning of the rainy season there had been diarrhea outbreaks in Phinsepon District and Vilabouli District which had caused dozens of deaths. The cause for this was that eating practices lacked the hygiene of the three cleans.

It was also reported that in just ten days in Nongbok District of Khammouan Province 50 had died from measles, malaria and diarrhea. Of these 34 died of diarrhea. Examinations in Nongpham Canton, Nachampa and Dongkasin Canton found 141 children with measles and 900 with diarrhea. It was found that 61.77 percent of the 392 people receiving blood tests had malaria. [passage omitted]

Khammouan Province Reports Diarrhea Deaths
94WE0061B Vientiane KONGTHAP PASASON LAO
in Lao 15 Sep 93 p 1

[Unattributed report: "Domestic News Summary"]

[Excerpt] [Passage omitted] A source from Khammouan Province reported that from April until the end of August there had been a serious outbreak of diarrhea in some towns: in Hinboun District 14 had died from diarrhea, in Boualapha District 26 had died, in Gnommalat District 57 had died, in Mahaxai District 22 had died, in Thakhek District 15 had died, and in recreation areas another 6 had died. Throughout Khammouan Province 140 had died from this disease. [passage omitted]

MALAYSIA

Health Ministry Plans Anti-AIDS Campaign
94WE0149A Kuala Lumpur BERITA HARIAN in Malay
30 Dec 93 p 2

[Text] Shah Alam, 29 December—In 1994 the Ministry of Health will undertake a campaign against AIDS resulting from casual sexual relations.

Mohammed Farid Ariffin, deputy minister of health, said that cases of AIDS resulting from casual sex have increased, following a reduction in the number of cases of the disease caused by drug addicts sharing needles for injecting narcotics.

The deputy minister said that AIDS resulting from casual sex has increased from 2-3 percent to 10-15 percent now, while the incidence of the disease caused by drug addicts sharing needles for injecting narcotics has dropped from 90 percent to 80 percent.

He added: "If we are not careful, this situation will become more serious if the number of cases of AIDS spread through casual sexual relations increases further and even exceeds the number of cases among drug abusers." He made this statement to reporters on 29 December after opening an AIDS awareness campaign in the State of Selangor and an AIDS Hotline (Telephone No. 03-5501550) in Shah Alam.

According to the deputy minister, a majority of the 7,097 persons who are HIV positive are between 15 and 35 years old.

He said that as a result the Ministry of Health has undertaken a campaign against AIDS resulting from casual sexual relations, using for this purpose most of the 1994 allocation of 24 million Malaysian dollars to prevent AIDS.

He said: "The ministry will handle this problem carefully and will emphasize and try to encourage the people to live moral lives and observe proper values."

Mohammed Farid said that the ministry will also obtain the views of leaders of all religious groups, including Islamic ulama [religious teachers], and seek their opinions on handling the problem of AIDS resulting from casual sexual relations. He said: "This problem will be referred to them once again because the government's wish to

encourage people to use condoms when they have sexual relations is a sensitive matter."

Previously, in his speech on the occasion he expressed the hope that the people would also be vigilant and not be careless, although he said that these points are always included in the campaign against AIDS.

He said: "I am concerned that, whenever I discuss this matter, I find that people pay little attention to AIDS. I do not want AIDS to spread because of carelessness."

He warned that hospital personnel should always follow established guidelines when they treat people suffering from AIDS.

THAILAND

AIDS Incidence in Women Grouped by Age
94WE0065A Bangkok THAI RAT in Thai 23 Sep 93 p 19

[Excerpts] At a seminar on controlling and preventing AIDS in children that was held by the Ministry of Public Health at the Ambassador Hotel last Monday, Dr. Detchawan Phatisuwan, a preventive medicine expert and a senior doctor at the Department of Medical Services, Ministry of Public Health, said that AIDS is spreading rapidly among both sexes and among all age and occupational groups. Statistics of the Epidemiology Division, Ministry of Public Health, show that as of 31 August 1993, there were 3,000 people with full-blown cases of AIDS and 2,623 with AIDS-related symptoms. A total of 510 people have died. Of those with AIDS, 259 are children in the 0 to 14 age group. Most of these contracted the virus from their mother. [passage omitted]

Some people have predicted that by the year 2000, approximately 80,000 children will have AIDS. As of today, there is no cure for this disease. Thus, prevention is at the heart of controlling the spread of this disease. [passage omitted]

Dr. Wimon Siriawatin, an obstetrician at the Ratchawithi Hospital, said that a report from Mahidol University predicts that this year, there will be 136,532 cases of AIDS in women between the ages of 15 and 49. And from monitoring the incidence of AIDS in pregnant women, the Epidemiology Division has found that three northern provinces have the highest number of pregnant women with AIDS. The Ratchawithi Hospital, which has one of the largest obstetrics departments in Bangkok, has found that the number of pregnant women with AIDS is increasing rapidly. During the first 6 months of this year, 145 pregnant women, or 1.52 percent of the 9,644 women who gave birth, were found to have the AIDS virus. Most of these women were between the ages of 17 and 31.

Besides this, Dr. Usa Thitsayakon, a pediatrician at the Chulalongkorn Hospital, said that studies conducted at the Chulalongkorn Hospital have shown that most of the children with AIDS contracted the disease from their mother. And most of the women contracted the disease from their husbands, who used the services of prostitutes. The study also showed that the rate of infection from mother to child is 33.3 percent.

High Probability for AIDS in STD Victims

94WE0065B Bangkok NAEO NA in Thai 6 Oct 93 pp 3, 9

[Excerpts] [Passage omitted] On 5 October, the Public and Community Development Association, Thai Red Cross, Department of Public Welfare, and private companies issued a statement on the "Ban Than Nam Chai" project. This statement was issued by Mr. Michai Wirawathaya, president of the association; Mr. Wirasit Titthitrai, deputy director for social affairs of the AIDS Project, Thai Red Cross; Mrs. Suraphi Wasinon from the Department of Public Welfare, and Dr. Usa Thitsayadon, an obstetrician at Chulalongkorn Hospital.

Concerning the AIDS situation, Mr. Michai said that the number of people with AIDS continues to rise. In particular, the rate of infection among prostitutes and drug addicts is very high. And a very worrisome group is pregnant women, among whom the rate of infection has doubled since last year, increasing from 1 percent to almost 2 percent this year. Every year, about 2 million women become pregnant. Thus, about 20,000 pregnant women have AIDS. Almost 6,000 infants have been born with AIDS and died.

About two-thirds of the children who survive, that is approximately 18,000 [as published], will become orphans because the mother will die of AIDS. The Department of Public Welfare cannot look after all these children who have lost their mothers, because the number of such children is double the number that the department is now looking after. [passage omitted]

Mr. Michai said that the risk of contracting AIDS is 10 to 30 times greater for those who have a venereal disease,

which includes syphilis, herpes, and chancroid. In particular, those people who have syphilis and who contract the AIDS virus usually die very quickly. The virus, which usually spreads to the brain slowly, will spread to the brain very rapidly.

"AIDS will continue to spread as long as Thai men continue to have sexual relations with prostitutes. Today, there are about 600,000 to 800,000 people with the disease, or an average of approximately 700,000. This figure comes from the Ministry of Public Health."

Mr. Wirasit talked about youths and housewives. He said that it is very difficult to control the spread of this disease in these groups. The average age of these people is between 20 and 29. In these two groups, the number of people with AIDS is increasing at a rate of 500 to 700 people a day.

"Women are at great risk of contracting AIDS because they trust their husbands. Today, about 5 to 10 people a day are dying from AIDS. I obtained this figure from the Epidemiology Division, [reports on] military conscripts with AIDS, and hospital reports on pregnant women and children with AIDS."

As for the number of people who have died from AIDS at various hospitals, particularly hospitals in northern provinces, about 1 to 2 people a day are dying at each of the hospitals. At present, the ratio of men to women with AIDS is about 2:1.

Dr. Usa said that today, a large number of children have AIDS. This is clear from the fact that approximately 300 infants born at Chulalongkorn Hospital were born with AIDS. About one-third of these will die within 2 to 3 years. The rest will die by the age of 10. [passage omitted]

BULGARIA

Outbreak of Trichinosis From Infected Pork

94P20342A Sofia DUMA in Bulgarian 27 Jan 94 p 2

[Unattributed article: "60 People Stricken With Trichinosis Released From Hospital"]

[Text] Sixty-two people, all of them workers at the Pernik company "Stomana, A.D. [stockholding company]," have been at the hospital for infectious diseases from the middle of December until 19 January. The diagnosis is trichinosis. Sixty patients have been released, but two remain at the hospital. Yesterday, the deputy minister of health care, Dr. Lyubomir Kumanov; a national consultant on infectious and tropical diseases, Professor Petur Petrov; and representatives of NIZPB [Scientific and Educational Institute of Communicable and Parasitic Diseases], the hospital for infectious diseases, and the KHEI [Hygiene-Epidemiological Inspectorate] in Pernik, met to consider the origin of the trichinosis infection in "Stomana."

The specialists have established that the cause of infection is the consumption of infected pork by the patients, and not through radiation as rumored. As yet, the exact source of the meat is not known.

CZECH REPUBLIC

Official Discusses Funding of AIDS Prevention, Treatment

AU2801140594 Prague LIDOVE NOVINY in Czech 27 Jan 94 p 2

["ria"—signed report: "Seventy Million for AIDS"]

[Text] Prague—According to Ondrej Trojan, M.D., from the National Commission for the Prevention of HIV/AIDS, the 70 million korunas that the government provides for the prevention of AIDS would suffice if it did not have to be used for the drugs and equipment of the many facilities. The commission, in which AIDS experts from both government and non-government spheres are represented, recently decided on the following distribution of the money: 20 percent will go on prevention (education, behavior surveys, and so on) 26 percent on testing, and more than a half for everything else, principally treatment and investment. This means that health insurance covers, for example, only the drugs for hospitalized patients, and not for those whose disease has not yet developed and are being treated as outpatients. According to Trojan, who is also president of the non-government Association for the Struggle Against AIDS and for Sexual Education, the

commission could not turn down the funds for this purpose because it would endanger human lives. "Let us call things by their names, and do not boast to the World Health Organization of 70 million spent on prevention, if, in fact, the money is only covering for the state or health insurance," Trojan says. Just for a comparison: Great Britain invests an annual 20 million pounds on prevention.

Non-government organizations receive approximately 7 percent of the 70 million. (The World Health Organization generally recommends, however, that at least 15 percent of the total be allocated to these organizations.) The AIDS Help Society wants, for instance, to establish a so-called light house for those sick and dying of AIDS. According to Trojan, non-government organizations have to fight much harder for funds. The idea apparently still prevails that they are more likely to waste the funds at their disposal than government institutions.

YUGOSLAVIA

BORBA Reports Outbreaks of Typhoid, Meningitis

Belgrade BORBA in Serbo-Croatian 24 Feb 94 p 4

[R. Barjaktarevic report: "More Than 250 Children Contracted Meningitis"]

[Text] Seven persons with serious symptoms of typhoid fever were brought to Pristina University Hospital. The number of persons who contracted this dangerous disease, which was believed to have been eradicated, has risen to 77 during the last month. The epicenter is Stimlje, but typhoid fever might break out in almost all Kosovo towns. The doctors of Pristina University Hospital, including Professor Stevan Baljosevic, the head of hospital, have recommended all Kosovo inhabitants to boil water.

Children's meningitis, a disease that affects the brain, also appeared in Kosovo. More than 250 children have contracted the disease so far.

After having visited Stimlje, the epicenter of the serious infectious disease, Stevan Baljosevic gave the following answer to BORBA's question about the causes and possible consequences of the disease:

"The water-supply system of the Institute for Mentally Retarded Persons has been completely destroyed, the water is not chlorinated, and the water level in the basin from which it is taken is below the stream so that fresh water is mixed with sewage."

The symptoms of typhoid are unendurable stomachache, high fever, sweating, vomiting and general weakness.

REGIONAL AFFAIRS

Regional Health Report Through 11 February

PA1202161194

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored through 11 February. Source is cited in parentheses following each item.

Colombia

Hepatitis—Hepatitis B is causing devastation in Colombia. More than 1 million people have been infected with this disease which can cause death. A health official stated that thousands of people are being infected each year. The statistics reveal that of 180,000 samples taken in 10 blood banks, nearly 2,000 turned out positive. Large numbers of cases are reported in Santander and Norte de Santander Departments, as well as Amazonia Department, where Indian populations are the most affected. (Santa Fe de Bogota Inravisión Television Cadena 1 in Spanish 0130 GMT 6 Feb 94)

Costa Rica

Hemorrhagic dengue fever—A health official reported that a 19-year-old woman showing signs of hemorrhagic dengue fever died in Cocal de Puntarenas. Authorities said this is the third suspected dengue-related death in Puntarenas. (San Jose LA REPUBLICA in Spanish 3 Feb 94 p 10A) The Health Ministry reported that 8,530 persons have been infected with dengue fever since 1993 but that none of them has died. Most of the cases have been registered in the Province of Guanacaste and the Port of Puntarenas. Only 11 have been found to be infected in the central region. (Mexico City NOTIMEX in Spanish 1757 GMT 8 Feb 94)

Cuba

AIDS—Some 30 people infected with the HIV virus in Cuba have been reinstated in their work centers after five years of isolation, the Health Ministry reported on 9 February. A health official said the HIV carriers have not developed the disease and have returned to their work centers. Since 1983, Cuba has reported 987 people infected with AIDS, 702 males and 285 females. (Havana PRENSA LATINA in Spanish 1710 GMT 9 Feb 94)

El Salvador

Malaria—El Salvador is one of the first Central American countries to significantly reduce the rate of epidemiological diseases, such as dengue fever and malaria, Health Minister Gilberto Vasques Sosa and Raul Villegas, Pan American Health Organization [PAHO] representative, said on 7 February. The PAHO representative explained that cases of malaria have gone from 100,000 when he assumed office to less than 7,000 cases last year. Meanwhile, the health minister noted that in 1980, 40 percent of all malaria cases in Central America were reported in El Salvador, while that percentage shrunk to only 3 percent last year. (San Salvador Canal Doce Television in Spanish 0300 GMT 8 Feb 94)

Guatemala

AIDS—Local daily DIARIO DE CENTROAMERICA reported on 9 February that more than 33,000 people have been infected with AIDS in this country. Citing government sources, the report indicated that 476 cases were reported up to November 1993, which, according to the internationally recognized proportion, brings the total of infected persons to 33,000. In 1993 the number of cases increased by 400 percent, and there was one woman infected for every three men. (Hamburg DPA in Spanish 2035 GMT 9 Feb 94)

Honduras

Cholera—The Public Health Ministry reported on 8 February that 83 new cases of cholera have been confirmed this year, bringing the total to 4,013 since 1991. The head of the Cholera Program explained that the new cases are concentrated in the Departments of Valle, Choluteca, El Paraiso, Colon, Atlantida, and Cortes in the south, central, and northern regions of the country. So far 123 cholera-related fatalities have been registered, the report concluded. (Panama City ACAN in Spanish 2335 GMT 8 Feb 94)

Medical funds—The Japanese Government has donated \$1 million to be used in health programs. The funds will be delivered to major hospitals for upgrading health care programs and purchasing medicine and medical equipment. (Tegucigalpa EL PERIODICO DE HONDURAS in Spanish 9 Feb 94 p 10)

Mexico

Cholera—Medical authorities reported 41 persons were diagnosed with cholera last week, for a total of 114 so far this year. The Health Secretariat reported that 9,808 persons were attacked by the virus and 177 of them died in 1993. (Mexico City NOTIMEX in Spanish 0312 GMT 5 Feb 94)

AIDS—Mexico ranks third in the number of reported AIDS cases on the continent, after the United States and Brazil, with more than 17,000 cases registered with the Health Secretariat. The figure could be larger because many of the cases may not be reported to the authorities. (Madrid EFE in Spanish 1727 GMT 8 Feb 94)

Nicaragua

Cholera—The Health Ministry reported 305 cholera cases so far this year; five of the patients have died. (Managua Sistema Nacional Television Network in Spanish 0100 GMT 4 Feb 94)

Cholera—The cholera virus infected every crewman aboard a lobster fishing boat at Bluefields. One of them died as a result. (Managua EL NUEVO DIARIO in Spanish 5 Feb 94 p 8)

Cholera—So far in 1994, 275 Nicaraguans reportedly have been infected with cholera. The southern Atlantic region is the most seriously affected area. (Managua Radio Nicaragua Network in Spanish 1100 GMT 11 Feb 94)

Peru

Typhoid fever/malaria—After the floods that devastated large areas, one family was reported to have been struck

with typhoid fever. Authorities also detected signs of the presence of malaria. Authorities are spraying homes. (Lima Global de Television Network in Spanish 0107 GMT 6 Feb 94)

Venezuela

Dengue fever—Health authorities have declared a state of emergency in Ciudad Bolivar after more than 100 dengue fever cases were reported, an epidemic thought to have been under control. (Caracas EL DIARIO DE CARACAS in Spanish 9 Feb 94 p 8)

Dengue fever/meningitis—A state of alert has been declared throughout the country as the result of dengue fever and meningitis outbreaks. (Caracas EL GLOBO in Spanish 10 Feb 94 p 42)

Regional Health Report Through 18 February

PA1902130694

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored through 18 February. The source is cited in parentheses following each item.

Costa Rica

Erythema—Infection specialist Adriano Arguedas has disclosed that infectious erythema has again appeared in the country. He said, however, that although it has not reached the epidemic level several cases have been treated at private clinics and the National Children's Hospital over the past few weeks. (San Jose LA REPUBLICA in Spanish 12 Feb 94 p 6A)

Cuba

AIDS—The Cuban AIDS program has controlled the disease on the island. Thanks to massive testing using a Cuban diagnosis system, 987 HIV- positive cases have been detected, 230 of which have contracted the disease and 147 have died. (Havana Radio Havana Cuba in Spanish 0000 GMT 15 Feb 94)

Honduras

AIDS—Honduran Government sources have announced that by the end of 1994 approximately 70,000 people in Honduras will have AIDS. Since 1985, 3,325 cases have been reported: 2,228 men and 1,097 women, including children between the ages of newborn and 14. According to Health Ministry sources, 907 new cases were reported in 1993. The areas where the most cases have been detected are Cortes Department with 1,638 cases and Francisco Morazan with 529. The Ministry source said most of the victims are youths between the ages of 15 and 25, and most have contracted the disease through promiscuous activities. (Panama City ACAN in Spanish 1754 GMT 17 Feb 94)

Cholera—The Honduran Health Ministry has confirmed that a resurgence of cholera in the eastern part of the country has claimed the lives of seven people. Since the disease first appeared in 1991, 4,500 cases have been detected and 123 people have died. Last weekend, 230 cases were reported in eastern Honduras. (Panama City ACAN in Spanish 2149 GMT 17 Feb 94)

Mexico

Cholera—The Mexican Health Secretariat has disclosed that in January 73 cases of cholera were reported, a 60 percent decrease in comparison to January 1993. As for deaths, only one was reported in January. The states most affected with the disease were Tabasco and Chiapas, 30 and 23 cases respectively.

Meanwhile, 32 cases of cholera were reported in the first week of February, most of them in Tabasco State. Since the disease first appeared in Mexico in 1991, 9,000 people have contracted it and at least 500 people have died. (Madrid EFE in Spanish 1909 GMT 12 Feb 94)

Panama

AIDS—In an official report released on 14 February, Panamanian sanitation authorities disclosed that nine cases of AIDS were recorded in January, raising the number of victims to 614. The document stated that since 1984 the disease has killed 357 people. Of the 614 cases recorded, 520 are men and 94 are women. The authorities say that in most cases the disease was sexually transmitted. (Mexico City NOTIMEX in Spanish 2123 GMT 14 Feb 94)

AIDS—Dr. Guillermo Campos, who is with the AIDS program, says that approximately 50 cases of AIDS are reported weekly in Panama. Campos said the disease is spreading at an alarming rate, and he urged the community to take steps to avoid contamination. (Panama City EL SIGLO in Spanish 16 Feb p 10)

Peru

Cholera—Authorities in Huaraz, Peru, report that 20 people between the ages of 26 and 38 have died from cholera over the past three days in Ancash Department. The disease struck Parash, a small town of approximately 800 inhabitants, and 50 people have been treated at the local medical center. The authorities say Parash lacks the serum and medical personnel to combat the disease. (Madrid EFE in Spanish 0009 GMT 18 Feb 94)

Venezuela

Hemorrhagic dengue—The Health Ministry's Directorate of Regional Epidemiology in Ciudad Guayana has confirmed the death of a little girl from hemorrhagic dengue and the detection of 15 other cases in Heres and Caroni. Dr. Baldo Espinoza warned the community that the best way to combat the disease is by implementing preventive measures. (Caracas EL NACIONAL in Spanish 13 Feb p D-11)

Regional Health Report Through 25 February

PA2502231794

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored through 25 February. Source is cited in parentheses after each item.

Costa Rica

Dengue—In 1993, a total of 4,530 dengue cases were reported, while so far this year 790 have already been registered. (San Jose LA REPUBLICA in Spanish 16 Feb p 6A)

Swine Flu Virus—On 25 February, Costa Rican health authorities confirmed the presence of swine flu virus in the country, and they announced strict measures to prevent an epidemic. As of 25 February, 1,800 hogs have been killed and another 8,000-10,000 might need to be killed nationwide. (Mexico City NOTIMEX in Spanish 1925 GMT 25 Feb 94)

Guatemala

Cholera—On 22 February, a report indicated that during the last two and one-half years, the cholera epidemic—which affects an average of 54 Guatemalans a day—has left some 600 people dead. So far in 1994, two deaths and 903 cases have been reported. (Mexico City NOTIMEX in Spanish 2247 GMT 22 Feb 94)

Honduras

Cholera—The Honduran Public Ministry has declared eastern El Paraiso Department bordering Nicaragua an emergency area because of a cholera outbreak. According to official figures, since 1991, when cholera was first detected in Honduras, some 130 people have died while 4,500 people have contracted the disease. (Panama City ACAN in Spanish 1436 GMT 19 Feb 94)

Mexico

Malaria—On 24 February, health authorities in Quintana Roo State detected the first case of a fatal variant of malaria on the banks of the Hondo River bordering Belize. (Mexico City NOTIMEX in Spanish 1754 GMT 24 Feb 94)

Panama

Hemorrhagic dengue—On 24 February, Health Ministry officials announced they will cordon off the area along the border with Costa Rica because of an outbreak of hemorrhagic dengue. (Panama City EL SIGLO in Spanish 25 Feb 94 p 61)

Peru

Cholera—Health records indicate that six people have died of cholera in recent days in Cusco Department: three in the Paruro Province and another three in the Anta Province. (Lima Radio Programas del Peru Network in Spanish 1800 GMT 22 Feb 94)

Southern Cone Health Report Through 27 January

PY2701155994

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 27 January.

Argentina

Cholera—The Health Ministry reported that 287 cases of cholera have been noted nationwide since the beginning of the year, eight fatal. The provinces of Salta, Jujuy, and Chaco have been hit hardest. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1826 GMT 26 Jan 94)

Paraguay

Tuberculosis—A National Program for Tuberculosis Control report states that approximately 17,000 new cases of

tuberculosis were treated in 1993 nationwide. This disease primarily affected indigenous communities in Alto Paraguay, Boqueron, and Presidente Hayes. (Asuncion NOTICIAS in Spanish 24 Jan 94 p 35)

Peru

Cholera—The committee for cholera control had been reactivated in Huancabamba Province, Piura Department, in light of the virulence of the region's cholera outbreak, which has claimed 11 lives since the end of December 1993. A total of 240 cases have been reported in the same period. The disease is more widespread in poor rural areas and among the elderly. (Lima EL COMERCIO in Spanish 16 Jan 94 p A19)

Southern Cone Health Report Through 3 February

PY0302205694

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 3 February.

Argentina

Meningitis vaccine—Cuban meningitis vaccine was used for the first time on 27 January in Argentina. In Cordoba Municipal Children's Hospital, 50 children with immune deficiencies or cancer were the first to receive a dose of the vaccine, which is administered in two doses. National health authorities authorized the use of the vaccine on 14 January, but only La Pampa Province announced plans to start experimental vaccination.

Cholera—The Health Ministry also announced that since the outbreak of cholera in February 1992 the nation has spent more than 30 million pesos on preventive measures, most on improving sanitation and providing drinking water in the northern provinces. (Buenos Aires BUENOS AIRES HERALD in English 28 Jan 94 p 11)

Cholera—Ten more cases of cholera have been reported in Salta Province, bringing to 268 the total number of victims in Salta since 1 January. The first case of cholera has been reported in San Juan Province—a Bolivian woman living in Mendoza Province. (Buenos Aires Radio Nacional Network in Spanish 1600 GMT 3 Feb 94) Bolivia

Cholera—The Health Ministry reported 181 cholera cases last week nationwide. This figure breaks down as follows: La Paz, three; El Alto, four; Cochabamba, two; Santa Cruz de la Sierra, 60; Tarija, 77; Tupiza, 27; and Potosi, four. (La Paz Television Boliviana Network in Spanish 1700 GMT 1 Feb 94)

Brazil

Cholera—According to a Health Ministry report, 3,132 new cholera cases were reported from 20 to 27 January. So far this year, 6,954 persons have contracted the disease. The most cases were reported in Ceara State, followed by Paraiba. (Brasilia Radio Nacional da Amazonia Network in Portuguese 0900 GMT 28 Jan 94)

AIDS—On 1 February, the Health Ministry reported that 810 new AIDS cases were registered nationwide. The number of cases in Rio de Janeiro increased 9.3 percent, rising from 218 to 233 from November to December, compared with Sao Paulo, where 179 cases were detected.

A total of 45,859 cases were registered from 1980 to 1993. (Rio de Janeiro O GLOBO in Portuguese 2 Feb 94 p 8)

Paraguay

Leishmaniasis—More than 20 people are infected with leishmaniasis in the rural Santa Lucia settlement in Alto Parana Department. The first cases were detected four years ago in this settlement of 150 families. (Asuncion ABC COLOR in Spanish 28 Jan 94 p 37)

Measles—Health Ministry Epidemiology Department Director Humberto Recalde reported that 1,500 measles cases were registered nationwide last year, 52 fatal. (Asuncion ABC COLOR in Spanish 2 Feb 94 p 38)

Peru

Poliomyelitis—Poliomyelitis has reappeared in Peru after 28 months. The disease killed a 7-year-old girl recently in Apata District, Jauja Province, 30 km north of Huancayo. (Lima EXPRESO in Spanish 26 Jan 94 p A9)

Southern Cone Health Report Through 10 February

PY1002204094

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 10 February.

Argentina

Cholera—The Health and Social Welfare Ministry on 9 February reported that 10 new cholera cases were registered in Salta, Jujuy, and Buenos Aires Provinces in the previous 24 hours. The total number of cases has risen to 495 so far this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 2111 GMT 9 Feb 94)

Bolivia

Cholera—The National Health Secretariat detected 594 cholera cases nationwide in January: 254 cases in Tarija Department, 211 cases in Santa Cruz Department, and 70 cases in the city of Tupiza, Potosi Department. (La Paz PRESENCIA in Spanish 3 Feb 94 p 6)

Peru

Cholera—San Ignacio Subprefect Edwin Bocanegra Valle reported that a new cholera outbreak was registered in Tabaconas District, San Ignacio Province, Cajamarca Department. The disease killed eight people, including four minors, and 40 others are in serious condition. (Lima EL COMERCIO in Spanish 23 Jan 94 p A18)

Dengue fever—The subregional health office reported that the number of people infected with dengue rose to 300 in Tumbes, where the disease already has killed two people. (Lima EL COMERCIO in Spanish 28 Jan 94 p A1)

Uruguay

AIDS—According to the National AIDS Prevention and Control Program, 338 of the 1,345 people infected with the HIV virus through 31 January are women. In 1993, 245 people were identified as HIV-positive, of whom 103 developed AIDS and 57 died. A total of 11 HIV-positive cases were registered in January, of whom three developed

the disease and four died. (Montevideo EL OBSERVADOR ECONOMICO in Spanish 4 Feb 94 p 24)

Southern Cone Health Report Through 16 February

PY1702222294

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 16 February.

Argentina

Meningitis—Ten 10 new meningitis cases were registered in Misiones Province. The overall number of cases in the province this year totals 28. In addition, another case was reported in La Plata, Buenos Aires Province. It also has been reported that the first lots of Cuban anti-meningitis vaccines are being tested at the Malgrand Institute in the federal capital. (Buenos Aires Radio Nacional Network in Spanish 1600 GMT 15 Feb 94)

Cholera—The Health and Social Action Ministry on 14 February reported that 11 new cholera cases have been confirmed in Salta, Jujuy, and Santiago del Estero Provinces in the past 24 hours. The total number of cases nationwide has risen to 559 so far this year. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 2157 GMT 14 Feb 94)

Bolivia

Chagas disease—An official report released on 8 February shows that more than 1 million Bolivians are infected with chagas disease, of which 30 percent reportedly suffer some heart disease. The disease affects 55.6 percent of the territory, including seven departments. (La Paz PRESENCIA in Spanish 8 Feb 94 Second Section p 6)

Brazil

Cholera—The Health Ministry on 11 February reported that 6,954 cholera cases and 30 fatalities were registered nationwide in January, which shows that the epidemic continues to spread. Most of the cases were in the northeast. (Madrid EFE in Spanish 0040 GMT 12 Feb 94)

Cholera—Cholera reappeared in Rio de Janeiro during Carnival. A total of 11 cases have been detected since 10 February, most in Niteroi. (Sao Paulo O ESTADO DE SAO PAULO in Portuguese 16 Feb 94 p 9)

Chile

AIDS—Health Minister Julio Montt on 16 February released a report on AIDS in the country. The report says that so far 867 individuals have been registered as having the disease in Chile. Of this total, 93 percent are men; most cases appeared in the First, Second, Fourth, Fifth, and Metropolitan regions; 4.1 percent are younger than 20, 28 percent are between 20 and 29, 56.6 percent are between 30 and 49, and 11.1 percent are older than 49. (Santiago Television Nacional de Chile Imagen Internacional in Spanish 0000 GMT 16 Feb 94)

Paraguay

AIDS—Dr. Nicolas Aguayo, director of the National Anti-AIDS Program, reported that 12 new HIV-positive carriers were registered in January, the highest number of cases

detected in one month since the epidemic began in 1986. So far the number of cases totals 67 and 43 fatalities; the number of HIV-positive carriers has risen to 278. (Asuncion HOY in Spanish 15 Feb 94 p 26)

Peru

Malaria—Dr. Andres Alvarez Antonio, director of the Soplin Vargas District health unit, reported that three people died of malaria and 20 others are in serious conditions in the township of Curinga, Requena Province, Loreto Department. (Lima EL COMERCIO in Spanish 9 Feb 94 p A13)

Southern Cone Health Report Through 24 February

PY2402194994

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 24 February.

Bolivia

Cholera—A total of 400 people died of cholera in 1992, while in 1993 fatalities dropped to 254. The total number of cases has risen to 654 since the disease was detected in 1992. Meanwhile, 12,000 children die of diarrhea every year, an average 30 children per day. (La Paz HOY in Spanish 11 Feb 94 pp 6-7)

Brazil

AIDS—Poll figures released on 21 February indicate that the city of Sao Paulo had more AIDS cases in 1993 than San Francisco, California. From January to October, 2,878 cases were registered in Sao Paulo, while in San Francisco 1,507 new AIDS cases were registered during the same period of time. (Brasilia Voz do Brasil Network in Portuguese 2100 GMT 21 Feb 94)

Leptospirosis—The Epidemiology Control Center has reported that 52 leptospirosis cases have been registered in Greater Sao Paulo so far this year, of which 35 were detected in the capital. (Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 Feb 94 p A10)

BRAZIL

AIDS Cases Multiply Along Cocaine Routes

94WE0053Z Sao Paulo O ESTADO DE SAO PAULO in Portuguese 5 Oct 93 p A16

[Article by Luiz Roberto de Souza Queiroz: "AIDS Expected To Kill 87,000 People in Country by 1995"; introductory paragraph in italics as published]

[Text] *The Ministry of Health says that infection has increased in states along the cocaine route.*

AIDS is expected to kill 87,000 people infected with HIV in Brazil by 1995. That figure represents nearly 30,000 deaths per year, most of them in the State of Sao Paulo, which has 59 percent of all cases of the disease. That forecast appears in the Ministry of Health's seventh BOLETIM EPIDEMIOLOGICO, which was issued this week and reveals for the first time the trend toward an

explosive increase in the epidemic in the states located along the cocaine route. The drug comes from the Andean countries and travels through western Brazil to the coast.

The ministry's statistical survey shows that between 1987 and 1991, AIDS cases increased more than fivefold in Mato Grosso do Sul—on the cocaine route—where the rate of incidence rose from 0.8 to 4.4 cases per 100,000 inhabitants. On the other hand, in a state such as Rio Grande do Norte, which is located away from the cocaine route, the rate of increase was much slower: from 0.6 to 1.9 during the same period. "The differentiating factor between the two states is precisely the relative frequency of intravenous drug use as a risk factor for AIDS," the document says. The study also states that "the faster spread of the epidemic associated with intravenous drug use can be identified in other states on the western border or in municipalities located along a probable trafficking route."

The report draws attention to the way the epidemic spread in Thailand, the profile of which may be repeated in Brazil. The first phase of the disease in Thailand was characterized by the rapid spread of the virus among drug users. Those infected in the second phase were prostitutes, and in the third phase, the virus reached men who were not drug users. In the fourth phase, those infected men passed the virus on to their regular partners, and in the fifth phase, there was an increase in vertical transmission—infected women began transmitting the virus to their children while the latter were still in the womb.

What worries epidemiologists is that in Brazil, the wave of infection through intravenous drugs is affecting primarily adolescents. Among infected young people, 58 percent contracted AIDS through the use of drugs. The statistical survey shows that 1,361 minors under 15 years of age have already contracted the disease.

AIDS Incidence in Sao Paulo Profiled

94WE0183B Sao Paulo O ESTADO DE SAO PAULO in Portuguese 13 Jan 94 p A-16

[Article by Aureliano Biancarelli: "AIDS Increasing Among Women Around the World"]

[Text] The rise in AIDS cases among women all over the world is worrying the WHO. The organization estimates that there are about 3 million infected women in the world.

The rise in AIDS among women means more infected children by vertical transmission. The virus is transmitted from mother to child during pregnancy, at birth, or during breast-feeding.

In Sao Paulo—the state which best illustrates the development of the disease in our country—the ratio was 43 infected men for every infected woman in 1985. Today the ratio is four to one.

That ratio—equivalent to 25 percent—is much higher than in the United States (where 12 percent of cases are women) and Canada (5 percent). Some African countries are way out in front, with women constituting more than 50 percent of the cases.

AIDS in Brazil: Reported Cases by Mode of Transmission

Transmission	Men	Women
Homosexual	12,094	-
Bisexual	6,284	-
Heterosexual	4,919	2,923
Drug use	7,910	1,815
Hemophilia	663	-
Transfusion	1,100	702
Vertical transmission	440	418
Unknown	4,044	652
Total	37,454	6,510

Note: Of the total 43,964 reported cases, 18,128 have already died.

Source: Ministry of Health bulletin, November 1993.

AIDS Cases in Sao Paulo (62.8 percent of national total)

Cases reported in state		Mode of Transmission (both sexes)	
Description	Number	Mode of transmission	Number
Total cases	27,637	Homosexual	7,391
Men	23,221	Bisexual	3,106
Women	4,416	Heterosexual	3,939
Already died (both sexes)	18,089	Intravenous drugs	8,731
		Hemophiliacs	246
		Blood transfusion	618
		Vertical transmission	677
		Unknown	2,929

Source: State Secretariat of Health Epidemiological Bulletin, November 1993

In Brazil, the increase in the disease among women is linked especially to intravenous drug use and unprotected sex. According to experts at the Ministry of Health, it is the man who becomes infected through drugs or by homosexual relations without the use of condoms and who then passes the disease on to his wife or girlfriend.

According to data from the Sao Paulo Secretariat of Health, 48.85 percent of the women were infected through heterosexual relations. Another 29.8 percent caught the virus through intravenous drug use. According to the Ministry of Health, our country currently has 43,964 reported AIDS cases. The figure may be at least 20 percent higher. Of the official total, 18,128 have already died.

The number of infected individuals—those who have not yet manifested the disease—ranges from 500,000 to 700,000, depending on one's source. Sao Paulo State has 62.8 percent of the cases. It needs to be remembered that Sao Paulo has less underreporting and is faster at recording reported cases. Rio de Janeiro State is in second place with 6,208 cases.

April - June 1993 Sao Paulo AIDS Deaths

94WE0183A Sao Paulo FOLHA DE SAO PAULO (Section 3) in Portuguese 13 Jan 94 p 1

[Article by Luiz Roberto de Souza Queiroz: "AIDS Now Kills More Than Traffic in Sao Paulo"; introductory paragraph in italics as published]

[Text] A survey reveals that the disease caused 684 deaths between April and June of last year.

Deaths from AIDS in the capital already account for an absolute majority of all deaths caused by reportable diseases, surpassing tuberculosis, meningitis, and schistosomiasis. Now AIDS is also ahead of traffic deaths. It is surpassed only by homicides. The survey was made by the Municipal Funeral Service.

Experts used death certificates from April through June of last year for the survey. During that period, reportable diseases were responsible for 940 deaths. Of that number, 684 were attributed to AIDS, 147 to tuberculosis, 60 to meningitis, 21 to meningococcal meningitis, 15 to schistosomiasis, seven to leptospirosis, and four to Hansen's disease. Tetanus and cholera caused one death each.

In a comparative survey, the study shows that while AIDS killed 684 persons, homicides were responsible for 991 deaths, traffic accidents 447, other accidents 383, and suicides and self-inflicted injuries 98. Other external causes were responsible for 182 deaths.

Although concerned by the percentage increase in deaths due to AIDS, which rose from 3.5 percent in 1991 to 4.1 percent in 1993, the Funeral Service notes that as far as general mortality is concerned, heart disease continues to be the leading cause of death: 36 percent of Sao Paulo

City's residents die of heart disease, 15 percent die of cancer, and about 14 percent die of diseases of the respiratory tract. In fourth place are deaths due to external causes, which include homicide and accidents and are responsible for approximately 10 percent of all deaths.

The report says that there is still a great deal of prejudice regarding AIDS—so much so that 15 percent of the cases are discovered only after investigation based on the death certificate. This is because the physician, generally at the request of the family, reports the cause of death as an opportunistic infection rather than AIDS. Epidemiologists, made suspicious by the fact that a person died in his or her productive years, contact the physician and then confirm that it was in fact an AIDS case.

December AIDS Cases Reported; Vaccine Test Planned

94WE0178B Rio de Janeiro O GLOBO in Portuguese
2 Feb 94 p 8

[Text] Brasilia—The latest Health Ministry bulletin on AIDS, released yesterday, shows that during December, 810 new cases of the disease were recorded in Brazil. Between November and December, the number of cases in Rio de Janeiro rose 9.3 percent, increasing from 218 to 238 newly reported. As a result, in December Rio surpassed Sao Paulo, which had 179 cases reported.

The coordinator of the Health Ministry's AIDS Program, Lair Guerra, announced yesterday that, at the end of this month, during a World Health Organization (WHO) meeting in Geneva, Switzerland, Brazil will make arrangements to conduct tests of a prototype vaccine against AIDS among Brazilian volunteers. According to Lair Guerra, the vaccine will be tested as early as this year in Rio de Janeiro and Minas Gerais. In Rio, there has been an increase in the number of cases reported, in comparison with the rest of the country.

Lair Guerra explained: "The product of the American laboratory, United Biomedical Incorporation (UBI), was selected, because it produces antibodies against the AIDS virus, and shows a low toxicity index." She added that there is no effective vaccine in the world against the disease yet.

Also to be discussed at the Geneva meeting is the method for recruiting the 24 Brazilian volunteers: persons not infected with the virus, whose names will be kept confidential. UBI will allocate \$100 million for the tests, which will be carried out by the School of Medicine of the Federal University of Minas Gerais, and the Osvaldo Cruz Foundation (Fiocruz) in Rio.

Lair Guerra reported that one of the advantages of the vaccine, which has already been tested in the United States, and is in the implementation phase in Thailand, China, and Australia, is that it includes the types of virus currently circulating in Brazil.

On 28 March, UBI representatives will be in Brasilia to discuss the budgeting and implementation of the program. Brazil was one of the countries selected for the test because

it is the fourth-ranking nation in numbers of AIDS cases. According to the Health Ministry, 45,859 cases of the disease were reported between 1980 and 1993. The Southeast region recorded 66.2 percent of the total AIDS cases in December; Rio de Janeiro had a sharp increase from 20.1 to 29.4 percent of the total; and Sao Paulo showed a decline from 48.5 to 22.1 percent.

AIDS Leading Cause of Death Among Sao Paulo Women

94WE0178A Rio de Janeiro O GLOBO in Portuguese
3 Feb 94 p 7

[Article by Cilene Pereira]

[Text] Sao Paulo—AIDS is the primary cause of death among women in the 20-35 year age bracket in Sao Paulo, according to a survey just completed by the State Data Analysis System (Seade) Foundation, an agency specializing in socioeconomic research. According to the survey, during 1992 AIDS killed 524 women in this age group throughout the state.

The number represents 11.87 percent of the total deaths (4,412) recorded among the female population that year. The second cause of death after AIDS was tumors (468 fatalities). It was followed by vehicle accidents (370 cases), homicides (275), and pneumonia (194).

The problem is serious among men as well. According to the survey, during 1992 AIDS was the second cause of death among the male population aged between 20 and 35 years (2,289 fatalities). Homicides ranked first (4,314 deaths).

The 1993 figures are still being tabulated by the foundation's researchers. However, based on the records analyzed to date, AIDS continues to lead in the causes of death among women.

Demographer Antonio Marangone Camargo claimed: "There is a rising trend in the number of deaths due to AIDS among this population."

The progression in the numbers of deaths caused by AIDS has been observed by the Seade technicians for at least three years. In 1990, the deaths due to the disease among women aged between 20 and 24 years accounted for 7.58 percent of the deaths recorded in the state. During 1991, the proportion rose to 10.61 percent; and, in 1992, it reached 12.50 percent.

Despite the alarming indexes, the specialists are not frightened. For example, Caio Rosenthal, a physician specializing in the study of infections at the Emilio Ribas Institute of Infection Studies, claimed that the rising trend in the number of deaths caused by AIDS among young women had already been anticipated.

Rosenthal explained: "They comprise a sexually active population with less sexual stability, using drugs, and with behavior considered to be risky. It was predictable that this would occur, because we are in a country where there is no care for health, or family planning, and where the condom is one of the most expensive in the world."

Among Males, Violence Kills More	
The Five Principal Causes of Death Among Women Aged 20-35 Years	
Cause	Number of Deaths
AIDS	524
Tumors	468
Vehicle accidents	370
Homicides	275
Pneumonia	194
The Five Principal Causes of Death Among Men Aged 20-35 Years	
Cause	Number of Deaths
Homicides	4,314
AIDS	2,289
Vehicle accidents	1,992
Pneumonia	498
Tumors	414
1992 figures	
Source: Seade	

CUBA

Hog Cholera Found in Pinar del Rio, Havana, Matanzas

FL2701210694 Havana Radio Rebelde Network in Spanish
1800 GMT 27 Jan 94

[Text] New cases of hog cholera has been detected in the provinces of Pinar del Rio, La Havana, Havana City, and part of Matanzas.

As the first signs were detected a few months ago, the Veterinarian Institute warned about the dangers of transferring pigs or pork within those affected areas. This institute has also banned the unauthorized transfer of pigs from those provinces to the rest of the country. The control must be strengthened to quickly detect possible new cases and to facilitate the vaccination of pigs in each zone, municipality, or province, according to the planned program of priorities.

PERU

Ferrenafe Reports Strong Increase in Malaria Cases

94WE0181A Lima EL COMERCIO in Spanish
22 Dec 93 p A26

[Text] During recent weeks there has been a dangerous increase in the number of cases of malaria, or paludism, in Ferrenafe Province, located 18 km northeast of Chiclayo. Nearly 50 patients suffering from this disease were reported during November.

As a spokesman for the Regional Health Directorate announced, the inhabitants hardest hit by this disease are from the districts of Pueblo Nuevo, Pitipo, and Mesones Muro, and also from the populated centers of La Traposa, Laquipampa, and Senor de la Justicia.

He revealed that all the cases involve malignant malaria, and that the majority are persons living in the rural section of Ferrenafe.

The source remarked that people engaged in agricultural work and in contact with the countryside are most prone to contract this disease, because farming areas are considered a habitat for its vector, namely, the anopheles mosquito.

He claimed that Ferrenafe's chief problem is the lack of medical care for all its inhabitants, because the health sector has only one properly equipped establishment, which must treat all the residents comprising the province.

He explained that there are many districts with small medical stations and health centers, but none of them have medicines or medical professionals. Hence, those stricken have been evacuated to the city itself.

Dengue Cases Rising, Tuberculosis Numbers Down

94WE0181B Lima EL COMERCIO in Spanish
3 Jan 94 p A6

[Text] Health Minister Jaime Freundt-Thurne announced that precautions have been taken to prevent propagation from a case of hemorrhagic (or type II) dengue, a disease that has occurred in the country for the first time. He claimed that it could prove lethal if the necessary measures are not adopted.

He explained that classic dengue (type I), caused by the bite of the anopheles mosquito that transmits the disease, is common, primarily in the jungle and in certain northern zones. No cases of the "hemorrhagic" type or of type III, which are extremely serious diseases, had ever been reported. He noted that orders have been issued to fumigate the habitats and to send medicines for treatment.

Those stricken with hemorrhagic dengue show not only bodily illness and high fever, symptoms of the so-called "classic" type, but also hemorrhages of various origins. Hence, as he explained, treatment based on consumption of liquids and blood transfusions is necessary.

Dengue Arrived in 1953

If a chronology is made, it may be claimed that epidemics of simple dengue were first reported in the country during 1953 and 1958. Later, in 1990, there were isolated outbreaks in the cities of Iquitos, Tarapoto, and Pucallpa.

During 1991, new cases were reported in the locality of Pachanaqui (Junin); and in 1992, in Zorritos (Lambayeque).

During 1993, 80 cases were recorded in Sullana; 270 in Tarapoto alone; 34 in Junin; 34 in the Grau region; 177 in Loreto; 37 in San Martin; and 27 in Ucayali. During the week of 5-11 December, four cases were reported in Tarapoto.

Tuberculosis and Cholera

The health minister made these statements before signing an agreement with the minister of the Presidency, Manuel Vara Ochoa; the director of Foncodes [National Compensation and Social Development Fund], Arturo Woodman;

and the representative of the Pan-American Health Organization (PAHO), Luis Loyola. Its purpose is to carry out a program of prevention, control, and treatment for tuberculosis patients among populations at risk in Lima and Callao.

He asserted that the incidence of TB has declined, and that, if this continues, it would mean that progress has been made in early diagnosis and public treatment with basic medications.

Statistics in Lima and Callao

The official statistics show that, in Lima and Callao, there were 26,200 cases in 1992 and 24,800 in 1993. Last year, 55,500 patients were reported throughout the country; and this year, the figure was 54,000.

It was indicated that the treatment program, costing 2,799,852 soles, will benefit 12,500 TB patients, who will be admitted to the Health Ministry's 568 establishments during 1994.

Total Cholera Cases in Country Down in 1993

94WE0181D Lima EL COMERCIO in Spanish
15 Dec 93 p A15

[Text] Pucallpa, 14 Dec—The vice minister of health, Dr. Eduardo Yong Motta, claimed: "The incidence of cholera in our country at present, compared with the cases that appeared in 1991 and 1992, has declined over 75 percent. This is due to the fact that the population is taking care of its health."

He emphasized: "If the population continues to adopt preventive measures of a hygienic and sanitary type, we shall soon be able to state that cholera has been eradicated."

He stressed the importance of reiterating certain measures, such as boiling water, protecting water supplies by chlorinating them, washing fruits and vegetables, washing hands, and others.

1994 Budget

He also reported that the Ministry of Economy and Finance has expressed an interest in supporting the Health Ministry, by increasing the 1994 budget by 700,000 new soles. He explained that this will enable the sector to deal more easily with the health problems on the national level, especially those associated with infectious-contagious diseases.

Yong preferred not to comment on the suspension of the state employees' registration in the AFP [Pension Fund Associations] ordered by the government. He remarked: "That comes under the jurisdiction of the Ministry of Economy and Finance, not the Health Ministry. I think

that the measure should be analyzed and assessed in its entirety, with the necessary good judgment, by those who have issued these orders."

Yong Motta was in this city to inspect the status of the Health Ministry's services in Pucallpa, and to coordinate measures with the pertinent authorities.

Health Policy

With the regional health director, Antonio Mundini Medrano, he toured various settlements in the rural and riverside areas, coordinating national health policy action that must be implemented on the regional level.

According to the report, they also inspected the health stations and centers, to assess the possibility of transferring them to the future private health service organizations (OSS).

Arequipa Records 143 Cholera Cases in 1 Week

94WD0181C Lima EL COMERCIO in Spanish
23 Dec 93 p A23

[Text] Arequipa, 22 Dec—A total of 143 persons stricken with cholera were hospitalized in the Arequipa Region during the week of 5-11 December; and half of them were cases detected in the coastal provinces of Camana and Islay. This announcement was made by the coordinator of the Regional Health Directorate, Dr. Miguel Alayza Angles.

The specialist noted that the current statistics are still being compiled, but revealed that they show an obvious decline from the number of cases that appeared in mid-October. During that period, as many as 270 patients showed up infected with *vibrio cholerae*.

Alayza Angles explained that the reduction in the number of persons stricken by the epidemic in this locality is due to the prevention campaigns conducted by the health sector in the city's peripheral areas. It is also a result of the good work done by the care-giving personnel, immediately treating persons who arrive at hospitals with symptoms characteristic of the disease.

He claimed that the battle against another outbreak of cholera in Arequipa has been won thus far with the resident's cooperation. For this purpose, strict hygienic measures have been recommended, as well as the boiling of drinking water, and the avoidance of consuming products sold by street vendors.

Alayza Angles remarked: "Nevertheless, people must not be over-confident, and must continue taking precautions that will enable them to avoid becoming infected with the disease."

He observed that, for the present, the medicines sent by the Health Ministry are sufficing to administer the treatment required by cholera patients. However, he pointed out the need for providing a larger supply of medications to the Camana and Islay hospitals.

ALGERIA

Details Released on AIDS, HIV Cases

LD3011134693 Algiers Radio Algiers Network in Arabic
1200 GMT 30 Nov 93

[Excerpt] There are 151 declared cases of AIDS and 389 people carrying the HIV virus at the national level. [passage omitted]

Tizi Ouzou: Diphtheria Cases Increase

94WE0184A Algiers LIBERTE in French 20 Jan 94 p 9

[Article: "Sounding the Alarm: Diphtheria Epidemic Spreads in Wilaya"]

[Text] All health sectors are now affected, with a total of 100 cases reported, including 40 bacteriologically confirmed, and six deaths. The health services have also treated 80 healthy carriers (infected, but not seriously enough to develop the malady).

Patients are being hospitalized in the 30-bed "infectious disease" ward. And to accommodate new cases, an additional 30 beds may be shifted from the "psychiatric" ward of the Tizi Ouzou CHU [university hospital center]. Also, it was decided to open isolation wards at Azazga, Draa El Mizan, Tigzirt, Ain El Hammam, and Larbaa Nath Irathen. Healthy carriers are examined and treated with antibiotics in their homes, thanks to mobile disease prevention squads responsible for checking other members of households where the disease has struck. The purpose of these activities, according to Dr. Bourbia, director of pedagogical and medical services at the Tizi Ouzou CHU, is to "diminish or arrest transmission of the germ, which is directly communicated—this can't be repeated too often—from person to person (interhuman transmission)." It should be noted that cases have been reported thus far in Beni Douala, Ain El Hammam, Ouacif, Azeffoun, Ath Zmenzer, Boghni, Draa ben Khedda, and in the chief town of the wilaya.

It has also been learned that the director of preventive services has hurriedly dispatched a delegation from the Health Ministry to Tizi Ouzou to confer with the antidiphtheria committee recently formed in that town's CHU. Besides participating in a day-long diphtheria public awareness program to be held on 20 January at the paramedic school, the team from the ministry "has given us assurances concerning regular provisions of vaccines and serums," Dr. Bourbia said.

For example, a shipment of 5,000 doses of vaccine and antidiphtheria serum has been delivered. It was also recommended that diphtheria patients be referred to El Kettar hospital, which specializes in treatment of infectious diseases.

We note last that health personnel, patient associations, and the press have all been urged to work for the success of the public awareness program this Thursday. Meanwhile, the dread disease is gaining ground.

Typhoid Epidemic at Sour El-Ghozlane

94WE0184B Algiers LIBERTE in French 20 Jan 94 p 9

[Article by A. Debbache: "Sour El-Ghozlane: 67 Typhoid Cases Confirmed"]

[Text] In the last two weeks, public health authorities in Sour El-Ghozlane have reported numerous cases of typhoid. Out of more than 80 reported cases, 67 have been confirmed by laboratory analysis, and these alone are enough to constitute a veritable epidemic—to the great distress of local inhabitants, some of whom are close to panic. The first case was reported on 27 December 1993. To deal with the situation, public health workers have mobilized personnel and equipment resources commensurate with the threat. Two wards—one for men and the other for women—have been reserved on the third floor of the hospital, under strict isolation procedures. The pediatric ward is overcrowded and looks more like a day nursery than a hospital ward, but the important thing is that tests and proper care are being administered. The hardest part is still ahead, because if wider contagion is to be prevented, the source of contamination will have to be identified and eliminated. Some observers blame the poor water treatment facilities, others the decrepit state of water mains vulnerable to contamination from waste water, while still others point to the whey sold in the street in plastic containers exposed to the open air. In any case, and as a preventive measure, the sale of whey in plastic sacks has been suspended temporarily, while the churns used by small producers to make the whey have been idled. In addition to identification and eventual elimination of the loci of contamination, an extensive vaccination drive has been launched at the community and even the family level. Visits have been paid to Dachechia and Bordj Okhris, where suspected cases have been reported.

Also, with the appearance of diphtheria cases in the wilaya, steps have been taken to arrest this scourge. It should be noted that the reappearance of diphtheria after its eradication more than 15 years ago signals a certain fall-off in the vaccination program. All of which serves to emphasize the high priority that must be given to dissemination of information and to general public awareness campaigns. Also, we noted during our visit the large number of medical personnel on hand, including Dr. Garti himself.

IRAN

Official Details Number, Cause of AIDS Cases in Country

NC2801221294 Tehran TEHRAN TIMES in English
22 Jan 94 p 15

[IRNA Report From Bushehr]

[Text] Bushehr (IRNA)—Latest statistics put the number of Iranians carrying AIDS virus at 272 of whom 92 are positive, said Head of the Committee for Campaign Against AIDS Dr. Emami here Wednesday.

Turning to the geographical dispersal of the affected people in Iran, he said the virus has contaminated people in northern parts of the country mostly through blood transfusion whereas in southern parts it has been transferred through sexual relations.

He said an average of 5,000 people have moved in and out of the country every day, adding that since two years ago and through cooperation of the Iranian Foreign Ministry all foreigners arriving in the country will pass through HIV test.

He underlined the need for a nationwide education program and said the committee receives latest scientific data on the disease and put the information at the disposal of universities and other higher education institutes in the country.

PAKISTAN

AIDS Numbers Said To Triple

94WE0143A Karachi AMN in Urdu 2 Dec 93 p 2

[News Report: "Number of AIDS Patients Triple in Pakistan"]

[Text] Karachi, 1 December (AMN News)—One 40-year old AIDS patient tried to commit suicide at her home in Karachi last October. This incident took place two months before the international AIDS day when the media were informing people all around the world about this fatal disease. The effort of this Karachi patient to commit suicide is considered an example of the lack of education in Pakistan. Both people and AIDS patients are careless about this deadly disease. The Karachi lady was found by

a relative who had come there by chance for a visit and saved her life. This woman had seen two members of her family die. The bad luck of this woman began when her drug addict husband learned he had the deadly virus. In 1986 it was confirmed that this woman's husband had that poisonous virus, and he finally died of it. He had transferred the deadly virus to his wife and eight-year-old son before he died. A bigger problem than this is that our society does not accept AIDS patients, and the public attitude toward AIDS patients is very hostile and deplorable. Mr. Shaukat Ali, a social worker helping AIDS patients, said that it is important to look after AIDS patients; however, no attention is given to them. The people do not know much about the HIV positive condition; although, it is very dangerous. According to Dr. Sayyed Abdulmajib, the tendency to commit suicide by AIDS patients is the same around the world, and to reduce their suicide rate we must pay attention to them. People should change their attitude. They should know that the AIDS virus is not transferred by shaking hands or kissing, and AIDS patients cannot transfer this sickness to another. No part of the world is safe from this peril and its only solution is education. There is no cure for it. This disease came to Pakistan seven years ago. The number of patients is increasing continuously here, and it has tripled now. The number of HIV patients has reached 251 now, while in 1991 there were only 90 patients.

RUSSIA

Khakassia Capital Hit by 'Extremely Dangerous' Flu Bug

PM2202162594 Moscow KOMSOMOLSKAYA PRAVDA
in Russian 22 Feb 94 p 3

[Report by Tatyana Bocharova: "Influenza Alive in Abakan"]

[Text] Khakassia—An unprecedentedly severe epidemic of influenza has broken out in the Khakassian capital Abakan. The number of people infected already runs into thousands, exceeding the usual seasonal indicators many times over. Following an initiative by the city's sanitary and epidemiological supervision center, practically all the city's secondary schools have been closed down as a quarantine measure, and store assistants are going around in gauze masks. Experts believe that the influenza virus which has taken hold in Abakan is extremely dangerous and that the illness can have serious consequences.

Diphtheria Transmission by Military Recruits Denied

94WE0145B Moscow KRASNAYA ZVEZDA in Russian
24 Dec 93 p 1

[Article by Information and Press Administration, RF Ministry of Defense: "There Is No Diphtheria Among Military Recruits in Sakhalin"]

[Text] On 23 December the nightly news broadcast of the television channel Ostankino sounded the bad news that 58 persons suffering from diphtheria have been hospitalized in Sakhalin and that two persons have already died. The military recruits that had been on the island were mentioned as one apparent source of the infection.

As Mikhail Ketrar, colonel of the medical service and chief sanitary inspector of the Far Eastern Military District, noted, all 81 persons in the autumn call-up had been vaccinated against diphtheria before being sent to Sakhalin. At the present time there is not one case of this disease among military personnel of the Sakhalin garrison. These facts have also been confirmed by Yuriy Stiplin, chief state sanitary inspector of the Sakhalin Oblast.

Diphtheria Control Measures in Sakhalin

94WE0145A Moscow LESNAYA GAZETA in Russian
20 Jan 94 p 4

[Article by V. Matrosov: "Defense Against Diphtheria"]

[Text] Outbreaks of diphtheria have been noted in a number of cities in Sakhalin. In Nevelsk, for example, eight cases of the disease have been recorded, and two patients have died in Kholmsk. The epidemiological services fear that the isolated diphtheria foci may develop into an epidemic. The problem is that in the past few years the public has not received vaccinations and preventive medical examinations have been put on the back burner. All of this has resulted in a weakening of the adult population's immunity. Emergency vaccination of people on the island has begun. Those who have not been vaccinated are not allowed to work. Emergency epidemiological commissions are in operation in the cities. Physicians have

become involved in the defense against diphtheria. The problem is that there is not enough serum.

Dangerous Imported Food Products in Irkutsk

94WE0145C Moscow TRUD in Russian 5 Jan 94 p 1

[Article by Aleksey Komarov: "Poisonous Canned Stewed Meat"]

[Text] Irkutsk residents have received two big presents: the No. 8 trolley bus route, which links the Yubileyny microrayon with the city's center, has been started up, and a family polyclinic in the Universitetskiy microrayon has opened. These pieces of news are good. But there is also news to prick up one's ears.

The food products certification department of the Eastern Siberia Center of Metrology and Standardization has warned Irkutsk residents that it is dangerous to drink Chinese vodka with hieroglyphics on a white and red label (it contains 30 times the maximum norms of fusel oils, 10 times the maximum norms of aldehydes, and 37 times the maximum norms of ethers), to eat canned stewed beef from Mongolia (which is spiced with toxic chemicals), to use tomato paste produced by the Soyuzvneshkooptorg, or to treat oneself to Rakovaya Sheyka Chinese candies. It is not yet known whether everyone has followed this advice.

Improvements Needed in Tuberculosis Screening

941WE0139A Moscow ROSSIYSKIYE VESTI, in Russian
12 Nov 93 p III

[Article by Lev Markovich Portnoy, Doctor of Medical Sciences, Professor, Head of the Roentgenological Department of the M. F. Vladimirsky Moscow Oblast Clinical Scientific Research Institute; under the title: The Second Coming of Tuberculosis]

[Text] A relatively quiet tuberculosis situation with periodic outbreaks of this disease, which were being successfully handled by the previously created powerful antituberculosis service, with its fine staffs and network of regional, city, and oblast (kray) antituberculosis dispensaries, characterizes recent years. And we had become accustomed to this situation.

But today, suddenly, but perhaps not so unexpectedly, taking the difficult situation in the country into account, the tuberculosis situation has become acute. Not for nothing; after all it is, as we have emphasized, a social disease. And even the mass media, with the whipping up that is characteristic of them, exaggerate the danger of the new incursion of tuberculosis, the possibility of its causing trouble in the very near future cannot in any way be excluded. There are, to a certain degree, additional preconditions for it in the person of a clearly weakening state medicine.

Without in any way disputing the situation in the country that predisposes to tuberculosis, I believe that the simple repetition of measures, proven in the past, directed to the campaign against this malady, must not be permitted. Times today are different, medicine has different possibilities, and the general situational background is not what it was after the war.

By the way, observing the way in which our organizational structures are beginning to act, it is difficult to get away from the impression of a patent duplication of the methods of fighting against tuberculosis that were used in the remote postwar years. To substantiate what I am saying, I would like to cite the photo-fluorography situation in our public health system as an example.

Certainly, no one will dispute the fact that in the campaign against the tuberculosis epidemic in the war-torn country, photo-fluorography did in fact have great significance. A fairly good material and technological base for those years was created. The service worked in close contact with the phthisiatric (antituberculosis) service. In essence, the former was organizationally subordinate to the latter. It can be stated that in those years photo-fluorography was one of the principal actors among the participants in the successful attack on tuberculosis.

Years past; tuberculosis took up its usual place in the overall structure of morbidity. But, the powerful antituberculosis and photo-fluorographic services continued to operate, without changing their habits, under conditions of active combat situation.

And meanwhile, the overall medical situation changed, including the tuberculosis situation. And tuberculosis itself learned how to oppose the forces acting on it more stubbornly, and its geography changed sharply. But the main thing was that scientific and technical progress provided medicine with many new technologies, making it possible to look differently on the possibilities of diagnosis overall, and the diagnosis of pulmonary tuberculosis in particular.

Entirely new views appeared on the problem of the fundamental improvement of the campaign against the so-called mass diseases, by means of the formation of risk groups, first of all, and by the development of the corresponding diagnostic models for their early identification, in the second place. Finally, the same scientific and technical progress forced a change in the attitude toward the problems of radiation burdens in the case of the so-called prophylactic examinations by means of radiographic diagnosis, and, of photo-fluorography, in the first place. It is entirely natural that against this background as a whole, the antituberculosis medical organizational structures of today require obligatory correction. And this relates above all to the photo-fluorographic service.

Formed nearly half a century ago, it has remained today in essence in the same organizational-methodological positions of half a century back. The first of these is the constant striving to cover the entire healthy population by mass prophylactic photo-fluorographic examinations. Orders and various normative documents, new rules of the Ministry of Health regarding the conduct of such examinations are constantly coming out. But they all in essence fail to take into account the true state of affairs, and have been produced clearly simply to take away the acuteness of the problem and to preserve the old organizational forms of the entire antituberculosis organizational complex.

Photo-fluorographic technology, at the same time, which now literally saturates the polyclinic network, also requires its own improvement. The method of examination in which the physician of the photo-fluorographic office in

essence knows nothing about the patient, since communication with him is precluded, today clearly does not respond to the new criteria. Nothing, practically, has been decided about the questions of the completing of the examination, if the physician considers it necessary to carry out a number of supplementary procedures. Of course, in the post-war years such an organizational plan corresponded to the spirit of the times; today it is simply morally obsolete. In this way a lousy situation has been created; subsequently it has been expanding in the form of today's system of mass prophylactic examinations of the populations.

Specialists in radiation safety see in this one of the causes of the general increase in radiation exposure of the healthy population. Oncologists, believing that such a system of examination is one of the factors influencing the increase in the frequency of oncological diseases, join them in this opinion. But, the antituberculosis service which, as we have stated, is very powerful, remains as unshakeable as a rock, arguing the necessity of such examinations. Of course, we can understand it, since it is very difficult to part with a habitual stance, which such indices as mass scope, convenient for reporting, underlie. And this means, large figures, millions of patients - consequently, a high volume of work accomplished...

Today, I dare say, the structure of the photo-fluorographic service does not meet the requirements for screening, mass diagnostic examinations. Under no circumstances should, I believe, photo-fluorography be made a principal participant of the planned antituberculosis campaign. Otherwise we risk losing it. Why? First, the existing system for carrying out mass prophylactic examinations is impracticable. Second, even after it is corrected, it will be effective only if all of the structures of the antituberculosis service are changed concurrently. If we take into account that some of the serious sources of tuberculosis are places of incarceration. If we take into account pharmaceutical shortages. If we don't forget about the appearance of a new class in this country, persons of no fixed address [bomzhi]. And about many other factors. It is these in particular which make the activation of tuberculosis possible.

To make today's mass photo-fluorographic examinations with coverage the main prop in the campaign against tuberculosis means, in our opinion, throwing wide the gates of our life to tuberculosis.

Well, then what shall we do with photo-fluorography? Completely exclude it from the campaign methods? Not at all. Just the opposite. We must make use of the quite abundant polyclinic network of photo-fluorographic machines and the organizational structure of this service. But, to eliminate as much as possible all of today's negatives relating to photo-fluorography, its efficiency must be increased. And this means that it is literally necessary to combine photo-fluorography as a part of roentgenology with it in all respects. And not so formalistically as today. Freeing the office physicians from worrying about coverage is the job of the directors of the organizational-methodological divisions of the dispensaries. In the process, the mere description of those disastrous one-plate photo-fluorograms of the lungs must not fall within the duties of the photo-fluorographic office physicians. Today they cannot remain simply picture-takers. We should think

seriously about increasing the size of the photo-fluorographic frame to 100 mm. Our experience tells us that the resolving capacity of photo-fluorography in general is sharply increased in the process.

And if one is to think seriously about a new approach, then it is also necessary to switch over in practical public health to digital photo-fluorography. The leading firms that are manufacturing apparatuses for radiological diagnosis are now moving precisely in that direction. In that case, incidentally, the accusations of the threat of radiation burdens on the patient will no longer be valid.

But this is for the future; at the moment, first and foremost, it is necessary to shift to differentiated photo-fluorographic diagnostic examinations of tuberculosis risk groups; the contemporary approach to their formation should be taken as their basis. This is also important in connection with calls for the prohibition of photo-fluorography altogether because of radiation burdens on the population.

Our proposals are not the fruit of theoretical reflections, but the product of many years of experience of the M. F. Vladimirsky Moscow Oblast Clinical Scientific Research Institute [MONIKI] in carrying out the differentiated

comprehensive roentgenofluorographic diagnostic examination of risk groups for a number of the principal pulmonary diseases, including tuberculosis. Our data attest to the effectiveness of this approach, such as, for example, in differentiated photo-fluorography among detected cases of pulmonary tuberculosis (and there are no small number of them), the majority of the patients had undergone preliminary photo-fluorographic examination through the existing system and the so-called prophylactic photo-fluorography, under which tuberculosis had not been detected.

All the considerations presented in this article flow from many years of experience of exclusively professional dealings with patients ill with various lung diseases, including tuberculosis. Perhaps our public health organizers will also discover what is useful in them. Although I can very well imagine that the reaction to today's printed word will be very insubstantial.

From the editors. Lev Markovich Portnoy, Doctor of Medical Sciences, Professor, Head of the Roentgenological Department of the M. F. Vladimirsky Moscow Oblast Clinical Scientific Research Institute.

UNITED KINGDOM

Problems in Hospital Administration Noted

Community Councils' Report

94WE0037A London THE DAILY TELEGRAPH
in English 6 Oct 93 p 10

[Article by David Fletcher: "Fifty percent of All Hospitals 'Run Short of Money'"]

[Text] More than half of all hospitals have experienced such severe financial problems in the past year that they have been forced to close wards or exceed their budget, the Association of Community Health Councils says today.

In a report assessing the impact of the health reforms, it says they have brought both benefits and disadvantages for patients.

On the negative side:

- One in three hospitals has had to slow down the number of patients being admitted because of cash problems.
- Patients of non-fundholding GP's have found they cannot get into hospital as quickly as fundholders' patients.

On the positive side:

- Waiting times to get into hospital have shortened.
- Fears that patients would have to travel further as the internal market developed have proved unfounded.

The report is unable to reach clear-cut conclusions about the overall benefit of the reforms.

It says: "Opinion is divided among community health councils about the impact of the reforms on the quality of care delivered. Some feel purchasers and GP's are more able to insist on higher standards. Others feel patient care is being compromised by cost-cutting and staff demoralisation."

The report adds that there is little evidence of non-fundholding GP's having to change referral patterns to fit the contracts made by their health authorities.

In contrast, "fundholding GP's are revealed as the most dynamic and disruptive sector of the NHS internal market. Thirty-eight percent of CHC's say local hospitals have lost patients because of fundholders. They have sent their patients to private hospitals or to other NHS hospitals.

"Fundholders' patients can get better treatment, sometimes at the expense of other NHS patients. One in five CHC's report that fundholders' patients get priority access to local hospitals."

Great difficulties have resulted from hospitals facing too much demand without purchasers having funds to match, says the report.

Independent Analysts' Report

94WE0037B London THE DAILY TELEGRAPH
in English 13 Sep 93 p 13

[Article by David Fletcher, Health Services correspondent: "NHS Reforms 'Getting Out of Control' Warns Report"]

[Text] One in three major hospitals, including recently formed trust hospitals, will be forced to close or amalgamate within seven years, says a report by independent analysts on the future of the NHS.

"By the end of the decade the current shape of the NHS will be largely unrecognisable," says the report, issued today by Newchurch and Company, an independent business development organisation.

It says the upheaval in the reorganisation of London hospitals will come to be regarded as no more than "modest change" and will be repeated in all big cities.

"Whatever the merits of the Government's 1991 reforms, they have set in train a process of restructuring which will affect every facet of UK health care," adds the report.

"It is a process that may now be beyond the powers of politicians and policy makers to control."

The report argues that the growth of day treatment, the introduction of keyhole surgery, the fall in length of hospital stays and the shift to out-patient care was already leading to a need for fewer hospital beds. This over-capacity is now being exposed as competition between hospitals, introduced by the Government's NHS reforms, begins to bite.

"Forces unleashed by the reforms are acting as a catalyst for other, wider pressures, and have set off a train of events which will lead inevitably to a rapid and fundamental redefinition in the who, how, and where of health care delivery.

"These trends will particularly affect NHS trusts, many of which will have to face sometimes unpalatable decisions about how they function."

The report says trust hospitals have substantial additional management costs and estimates that trust status adds at least £250,000 a year to running costs. "For some trusts, the economic pressures will prove terminal."

District general hospitals, currently serving a population of about 200,000, will be expected to serve up to 500,000. "The workload of the acute hospital could expand by between 50-100 percent."

Strategic Change in the NHS, Newchurch and Co Ltd., 12, Charterhouse Square, London EC1M 6AX.

Waiting Time Fines

94WE0037C London *THE GUARDIAN* in English
27 Sep 93 p 16

[Article by David Brindle, Social Services Correspondent:
"Daft' Waiting Time Fines for Hospitals"]

[Text] Hospitals are being fined for failing to treat patients within the waiting time limits set by the Patient's Charter, under an initiative introduced without publicity by the Department of Health.

The department is imposing cash penalties equivalent to the cost of the operation that has not taken place—though the patient still has to be treated.

The scheme was condemned last night as nonsensical by critics who questioned how a hospital failing to meet government performance criteria could be helped by punishment which further weakened it.

David Blunkett, Labour's shadow health secretary, said: "You couldn't get dafter if you really tried."

Under the charter, no patient should wait more than two years for any procedure. Since April, this limit has been cut to 18 months for cataract, hip and knee operations.

Latest official data show more than a million people in England waiting for hospital admission at the end of June, of whom 65,465 had been waiting more than a year—a rise of 15.6 percent in three months.

The penalty system applies to funds distributed under the department's waiting list programme.

This money is allocated centrally, irrespective of the health service market, for local health authorities to tackle long treatment queues.

If monitoring reveals that a patient has been waiting longer than the appropriate charter limit, the department claws

back £4,000 in the case of a knee operation, £3,600 for a hip or £900 for any other procedure.

The money is taken from the regional health authority concerned which then docks it from the relevant district authority or the hospital concerned, depending on which is deemed responsible for the failure.

A hospital may still be required to do the operation or the patient may be placed elsewhere—but, in either case, the funding is lost.

The fines may, moreover, be increased by the regional authority. The South West Thames region is adding a £1,000 "administration fee" for every month that a patient goes over the limit.

A hospital with a patient waiting 20 months for a knee operation would therefore be fined £6,000.

A spokeswoman for South West Thames said it had so far fined Worthing district authority for one patient and Croydon for two, with the penalty being passed on to Mayday hospital in the Croydon district in at least one case.

According to the department, the scheme has been agreed by regional managers. A spokesman said it had been well accepted as a reasonable and effective sanction against low performers.

"The logic of it is that if they do fail on commitments the whole of the health service has signed up to, then they know they are going to incur the penalty," the spokesman said.

Mr. Blunkett said: "This is the kind of nonsense which arises from applying market forces to a caring service, which will result in the NHS penalising those at the sharp end for failings in the system and for under-resourcing.

"There is a danger of a spiralling downwards where financial penalties result in further failings to achieve targets, fewer operations and ever increasing waiting lists."

New Cholera Strain in Asian Countries**India, Bangladesh**

93WE0549A Paris LE MONDE in French 15 Aug 93 p 9

[Article by Jean-Yves Nau: "New Cholera Strain Spreading in Several Asian Countries - Responsible for Several Epidemics"]

[Excerpts] In Paris, the latest issue of the BULLETIN EPIDEMIOLOGIQUE DE LA DIRECTION GENERALE DE LA SANTE (No. 29 1993) reports the emergence of a new cholera strain responsible for recent epidemics in various Asian countries.

Several epidemics of choleraic syndromes—vomiting, diarrhea, more or less serious dehydration—have appeared in India and Bangladesh since the end of 1992. At the time of the first of these epidemics, in Madras, specialists were able to isolate a germ in patients that did not correspond to any of those known to cause cholera. This strain differed from *Vibrio cholerae* 01, the microorganism that causes epidemic cholera, and from the other species of *Vibrio* that can cause similar gastrointestinal infections.

It was then found that this microorganism is capable of producing a choleraic toxin and that it is resistant to numerous medicines, with the exception of some antibiotics such as tetracycline. Around the beginning of this year, a new strain caused a severe cholera epidemic in south Bangladesh (10,000 cases and 500 deaths). A new epidemic occurred from January to April, this time in Calcutta (13,000 cases and 400 deaths), striking adults in particular and leading to very severe dehydration and blood disorders in patients.

It is evident from these indications that a new toxic and virulent strain has emerged in the last few months from the endemic Asiatic focus of cholera. It has now been named *Vibrio cholerae* 0139 or "Bengal." Unlike the other previously known colonies, it directly threatens the entire population.

Its progression is very rapid, spreading as it did from south India to east India in just a few weeks. "This new *Vibrio* will very probably spread in Asia and to other parts, affecting first of all the most indigent. International monitoring of the spread of this new strain must therefore be intensified," the General Directorate of Health, in Paris, points out.

Thailand, China

93WE0549B Paris LE MONDE in French 15 Aug 93 p 9

[Article by Jean-Yves Nau: "The New Cholera Strain Has Reached Thailand and China"]

[Text] The cholera strain known as 0139 (or "Bengal"), responsible for a new type of epidemic in south and east India, then in Bangladesh (LE MONDE 15-16 August), is progressing very rapidly over the Asiatic continent, where it has already affected thousands of persons and has caused several hundred deaths. It has now reached Thailand and China.

Isolated a short time ago, *Vibrio cholerae* 0139 appears particularly toxic and virulent. Unlike the other colonies, it threatens the population as a whole, and in particular, adults from Asiatic countries where cholera is endemically rampant. The French General Directorate of Health's weekly epidemiologic bulletin's prediction that the new strain would probably spread among the "most indigent" populations, has in fact materialized. On Monday 16 August, according to the AFP, Chinese health authorities reported some 100 cholera cases due to *Vibrio cholerae* 0139 in Sinkiang, in the western part of the country. As of last month, the Chinese minister of health had already reported atypical cases of cholera in the southern part of the country. The emergence of this new strain and its rapid spread worry international epidemiologists. In a commentary published in the British weekly THE LANCET dated 14 August, Doctors David L. Swerdlow of Boston, and Allen A. Ries of Atlanta, fear that this phenomenon will result in the eighth pandemic of cholera. Each of the previous pandemics resulted in considerable morbidity and mortality rates, notably in Africa and Latin America. [passage omitted]

"Although we may not be able to foretell where and how fast this new strain will spread, countries must surveil it closely and permanently," the American specialists stress in THE LANCET. This surveillance requires, in particular, that the third world's health officials in their entirety institute indispensable hygienic measures as soon as possible by supplying the populations at risk with only high-quality water and with covered sewage systems, without which the undertaking of a fight against cholera remains but a dramatic utopia.

Footnote

(1) International Travels and Health (WHO). Sale and distribution: 1211 Geneva 27 Switzerland. 15 Swiss francs (10.50 Swiss francs for developing countries).

END OF

FICHE

DATE FILMED

20 APR 1994